

Department of Social & Health Services

# Children's Administration

**Together We Achieve the Extraordinary**



**Protecting Children - Supporting Families - Providing Quality Care**

# Strategic Plan

## 2003 - 2009

*Children's Administration*  
**FY 2003-2009 STRATEGIC PLAN**  
**TABLE OF CONTENTS**

<b>MISSION.....</b>	<b>3</b>
<b>VISION .....</b>	<b>3</b>
<b>GUIDING PRINCIPLES.....</b>	<b>3</b>
<b>STATUTORY AUTHORITY .....</b>	<b>4</b>
<b>PURPOSE OF THE PLAN .....</b>	<b>6</b>
<b>APPRAISAL OF EXTERNAL ENVIRONMENT .....</b>	<b>6</b>
<b>INTERNAL RESOURCE ASSESSMENT.....</b>	<b>7</b>
<b>PROGRAM DESCRIPTIONS .....</b>	<b>8</b>
<b>TRENDS IN CUSTOMER CHARACTERISTICS.....</b>	<b>14</b>
<b>CUSTOMER AND STAKEHOLDER REQUIREMENTS.....</b>	<b>15</b>
<b>MAJOR PARTNERS .....</b>	<b>17</b>
<b>FINANCIAL PLAN ASSESSMENT.....</b>	<b>18</b>
<b>RISKS, OBSTACLES, AND OPPORTUNITIES FACING THE AGENCY .....</b>	<b>18</b>
<b>EVALUATION AND IMPROVEMENT METHODS.....</b>	<b>19</b>
<b>GOALS, OUTCOMES, OBJECTIVES, &amp; STRATEGIES .....</b>	<b>21</b>
<i><b>Child Safety .....</b></i>	<i><b>22</b></i>
<i><b>Child &amp; Family Well-Being.....</b></i>	<i><b>27</b></i>
<i><b>Permanency.....</b></i>	<i><b>35</b></i>
<i><b>Supporting Client Outcomes.....</b></i>	<i><b>39</b></i>

## MISSION

The mission of the Children's Administration is first to protect abused and neglected children, to support the efforts of families to care for and parent their own children safely, and to provide quality care and permanent families for children, in partnership with Tribes, foster parents and communities.

## VISION

The Children's Administration seeks to be an organization that provides excellent services which produce successful safety, well-being and permanency outcomes for children and families. We strive to be innovative and results driven, responsive to changing needs, accountable, and guided by a commitment to professionalism and excellence in the field of child welfare. We endorse and encourage an environment of trust and mutual respect. We promote teamwork and embrace our partnerships with Tribes, foster parents and communities in the design and delivery of child and family services we would be proud to offer our own families.

## GUIDING PRINCIPLES

### *We Believe Children Have the Right to Live in Safe, Supportive, and Permanent Homes*

We believe the safety of children is the first priority when making decisions about where they live when their parents are unable or unwilling to properly care for them. Protecting children is primarily the responsibility of families and communities, and we intervene to protect children only when families are unable to do so. We first seek permanent homes with parents, then with extended family members to maintain important family connections and heritage, and finally seek permanent homes with non-relatives. We support family and community partnerships that protect children, provide stability and expedite permanency in children's placements.

### *We Support Families and Build on Their Strengths*

We believe that families are the best place for children to grow and develop. The family is the best and most effective structure to assure stability, nurturing care, and safety for its members, and families are responsible to provide for their children and make decisions concerning their children's welfare. We strive to recognize and support family strengths and culture, to discover options, to help families make choices and to understand the results of their choices.

### *We Join With Foster Parents as Essential Partners in Caring for Children*

We embrace the principles of the *Foster Parents' Rights and Responsibilities* statement, which guide the course of the relationship between foster parents and the administration toward a mutual goal of fostering safe, healthy children. We value foster parents as members of the child's team and as advocates for children in their care, with the right to a supportive relationship with the agency.

### *We Partner with Tribes and Communities in Serving Children and Families*

We value partnerships with Tribes, communities, and public and private agencies to promote the safe and healthy growth and development of children in their own homes and in out of home placement. We encourage open communication and we work with communities to resolve issues. We strive to make decisions openly, with as much consultation and shared decision-making as possible. We support federally and non-federally recognized Tribes and off-reservation Indian organizations and their rights to provide for and nurture their own children.

### *We Value Diversity and Respect*

We value the racial, ethnic, religious, and cultural diversity of our clients and staff. We are committed to exceptional customer service, which reflects respect and appreciation for diverse needs. We strive to provide services to children and families that are individualized, community based, culturally appropriate, and responsive. We work to develop and maintain a workforce that reflects the diversity of the people that we serve and contributes to the quality of life of our clients and communities.

### *We Encourage Excellence in All We Do*

We encourage staff to be innovative and resourceful, making efficient use of state resources, while providing exceptional quality service. We strive to be open, caring and capable and to be accountable for the choices we make. Employees deserve to be supported and nurtured so they can support and nurture each other and the families we serve. We are committed to building on the strengths of others and to developing a professional and competent workforce.

## **STATUTORY AUTHORITY**

### **RCW 13.32A – Family Reconciliation Services**

*Authorizes the department to offer voluntary services to families in conflict or with runaway children designed to develop skills and supports within families to resolve problems related to at-risk youth or family conflicts. Services must be designed to alleviate personal or family situations which present a serious and imminent threat to the health and stability of the child or family and to maintain families intact whenever possible.*

### **RCW 13.34 – Juvenile Dependency**

*Mandates that the family unit should remain intact unless the child's right to basic nurture, health or safety is jeopardized. Defines legal requirements, court procedures and the rights of parties related to juvenile dependency. Sets requirements for assessment, service delivery and permanency planning. Provides legal requirements and procedures for guardianship and termination of parental rights. Defines protections and legal procedures for Indian children.*

### **RCW 26.33 – Adoption**

*Authorizes adoption services to provide stable homes for children, meet the needs of children who are in the department's care and custody and provide opportunities for children to achieve permanent, nurturing families.*

### **RCW 26.44 – Child Protective Services**

*Authorizes the protection of children from abuse and neglect while preserving family integrity to the maximum extent possible, consistent with the safety and permanency needs of the child. Directs the department to safeguard the general welfare of children by providing services to ameliorate conditions that endanger the welfare of children. Requires the department to coordinate necessary programs and services relevant to the prevention, intervention, and treatment of child abuse and neglect.*

### **RCW 26.50.150 – Domestic Violence Perpetrator Programs**

*Authorizes the Department to develop minimum standards for the certification of programs providing treatment to perpetrators of domestic violence. Standards apply to programs that provide treatment to court-ordered or self-referred perpetrators.*

### **RCW 70.123 – Shelters for Victims of Domestic Violence**

*Authorizes the Department to develop minimum standards and issue contracts for the provision of safe emergency shelter and/or safe homes for victims of domestic violence and their children. In addition to emergency shelter, contracted agencies provide support services, advocacy and helping resources to victims of domestic violence. Establishes a state-wide toll free telephone number to provide information and referral services, and to contract with a public or private nonprofit organization to provide education, awareness, technical assistance, and other services to agencies providing direct services to victims as well as to professional organizations and the community.*

### **RCW 74.13.020(11) – Indian Child Welfare Services**

*Authorizes the department to purchase child welfare services, including child protective services, foster care, dependency supervision, and adoption services for Native American children who are in the custody of a federally recognized Indian tribe or tribally or state-licensed child placing agency when such services will be provided by the Tribe or agency.*

### **RCW 74.13 – Child Welfare Services**

*Directs the department to safeguard, protect and contribute to the welfare of children through a comprehensive and coordinated program of public child welfare services for children who require guidance, care, control, protection, treatment or rehabilitation. Authorizes the setting of standards for social services and facilities for children and directs the department to cooperate with public and voluntary agencies, organizations, and citizen groups in the development and coordination of programs and activities on behalf of children. Requires the department to promote community conditions and resources that help parents to discharge their responsibilities for the care, development and well-being of their children.*

### **RCW 74.13.100-159 – Adoption Support**

*Authorizes a program to encourage the adoption of hard-to-place children. Directs the department to reduce the number of such children who must be placed or remain in foster homes or institutions until they become adults and to reduce the total cost to the state of foster home and institutional care. Authorizes the department to join interstate agreements to provide services for children and families on the Adoption Support Program.*

### **RCW 74.14A – Children and Family Services**

*Mandates that state efforts shall address the needs of children and their families, including services for emotionally disturbed and mentally ill children, potentially dependent children and families in conflict. Requires state efforts to be sensitive to family and community culture, norms, values and expectations, ensuring that all services are provided in a culturally appropriate and relevant manner.*

### **RCW 74.14B – Children's Services**

*Authorizes children's service worker and foster parent training, services for child victims of sexual assault, use of multi-disciplinary teams and therapeutic child day care services.*

### **RCW 74.14C – Preservation Services**

*Authorizes the provision of family preservation services and intensive family preservation services to prevent child dependency, the unnecessary placement of children into out-of-home care and to facilitate the reunification of children with their families.*

### **RCW 74.14D – Alternative Response System**

*Mandates the establishment of the alternative response system, defined as voluntary family-centered services that are: (1) Provided by an entity with which the department contracts; and (2) intended to increase the strengths and cohesiveness of families that the department determines present a low risk of child abuse or neglect.*

### **RCW 74.15 – Foster Care Licensing**

*Directs the department to safeguard the health, safety and well-being of children and developmentally disabled persons receiving care away from their own home, strengthen and encourage family unity and sustain parental rights and responsibilities by providing foster care. Requires the department to promote the development of a sufficient number and variety of adequate child care facilities, and to consult with agencies caring for children to help them improve their methods and facilities for care. Authorizes the department to license agencies and to assure that adequate standards are maintained.*

## **PURPOSE OF THE PLAN**

The Children's Administration, Department of Social and Health Services, developed this plan as a foundation for the direction of the agency for Fiscal Years 2003 – 2009. The plan provides a unifying vision to organize the efforts of over 2,000 employees in better serving children and families.

As part of the Children's Administration's budget submittal, the administration is directed to develop a strategic plan with goals and strategies proposed for the 2003-2005 Biennium as the basis for operating and capital budget requests. The goals, objectives and strategies may change over time, as new priorities emerge, and the plan will be updated to reflect those priorities.

The goals, objectives and outcomes in the plan are aligned with the performance indicators of federal child welfare regulations. Through joint planning with Region X, Children's Bureau, Department of Health and Human Services' Administration for Children & Families, and our advisory boards, the plan also serves as the centerpiece of the federally required five-year comprehensive child and family services plan and the annual progress and service report.

## **APPRAISAL OF EXTERNAL ENVIRONMENT**

Due to a slowing economy and voter approved measures which lowered taxes and increased mandatory spending, the 2001-2003 biennial budget adopted in June 2001 relied on more than \$600 million in reserves to balance resources and expenditures.

As a result of worsening economic conditions, including the February 2001 earthquake, the effects of the September 11<sup>th</sup> terrorist attack, a national recession, and large layoffs in the state's aerospace industry, the General Fund (GF-S) 2001-2003 Biennium revenue forecast declined by \$1.2 billion since the biennial budget was adopted in June 2001. Increasing caseloads in K-12 public schools, prisons, and medical assistance, together with increasing per capita medical assistance costs and other costs, added \$400 million in additional mandatory spending pressures. As a result, the Legislature was faced with a new \$1.5 billion gap as it deliberated over the 2002 supplemental budget.

In February 2002, the Economic and Revenue Forecast Council (ERFC) predicted that the state's economic downturn would continue through calendar year 2002, with a rebound expected in the first quarter of 2003. The ERFC predicts a modest rebound in the 2003-2005 Biennium. Washington personal income is expected to grow at an annual rate of about 5.5 percent in the 2003-2005 Biennium, about the same as the United States rate. Excluding the effects of Initiatives 728 and 747 (which together reduce GF-S revenue by nearly \$900 million in the 2003-2005 Biennium), underlying revenues are expected to grow about 5.4 percent per year, slightly below the average of the previous five biennia. After taking the initiatives into account, General Fund revenues are expected to grow at a much slower rate of 4.0 percent per year.

The 2002 supplemental budget passed by the Legislature and signed by the Governor addresses the \$1.5 billion gap with almost \$700 million in budget cuts, almost \$150 million in revenue enhancements and money transfers to the General Fund, one time use of \$450 million in tobacco securitization funds, and use of reserves. This budget closed the current gap between resources and expenditures and reduced the expected gap for the 2003-2005 Biennium from \$3.4 billion to under \$1 billion.

The latest forecast of the state population (November 2001) predicts general population growth rates of 1.1 percent for Fiscal Year 2004 and 1.1 percent for Fiscal Year 2005. Changes in the number of persons in selected age groups within the general population will place new demands on, and make new contributions to, our economy and government. Similarly, growth in certain caseloads can have a significant impact on the amount of General Fund-State revenues available for other uses.

The demand for services by the Children's Administration is greatly influenced by demographic, social and economic factors. The K-12 school age population is forecast to grow at a slower rate than the rate of growth in the general population during the 2003-2005 Biennium. The number of children living in poverty is expected to increase and to apply more demand for services.

The foster care caseload as a percent of Washington children has been very stable at 0.7 percent for the last five years. This is a very small increase from the level of 0.6 percent in 1990. As emphasis has moved to permanent homes for children in foster care, the Adoption Support caseload has experienced significant growth. Adoption support is intended to assist families who adopt special needs children and by federal law is not a means-tested program. The forecast for this program is that it will experience a 55 percent increase in caseload from July 1997 to June 2003. The caseload for Adoption Support is forecasted to increase by an average of 11.6 percent every year through Fiscal Year 2003. The average per capita cost of a child in Adoption Support is forecasted to increase by 8.6 percent during the same period.

## **INTERNAL RESOURCE ASSESSMENT**

With legislative support, improvements are underway in the state's child welfare system. The *Kids Come First Action Agenda* is the cornerstone of those improvements. The first goal of *Kids Come First* is to ensure that the safety of children is a priority when making decisions about where children live when their parents are unable or unwilling to properly care for them. The Department's aggressive effort to make long-lasting changes through new initiatives and continued reviews of current practice in the child welfare field will further protect children and better address their medical and emotional issues. The recent development of improved screening and assessment tools greatly improve our ability to identify the services that meet the specific needs of each child.

The administration is creating a new centralized intake unit to respond to reports of suspected abuse and neglect of children and licensing complaints and to calls for family reconciliation and child welfare services. Child safety will improve with better and more consistent screening decisions. In addition, centralizing the intake provides efficiencies that result in mandatory cost savings.

In Washington State, it is now easier than ever for family members, neighbors and other concerned people to report suspected abuse and neglect of children (or vulnerable adults). In April 2001, DSHS established a toll-free 1-866-ENDHARM phone number that is answered seven days per week, 24 hours per day, connecting callers to the right DSHS office for reporting suspected abuse or neglect.

In addition, DSHS is partnering on a *Keep Them Safe* public education campaign to reduce the number of child deaths attributed to accidents. In calendar year 2000, the Washington State infant death rate was 5.2 per thousand births. This is well below the national rate for that time period, 6.9 per thousand. A statewide review of data gathered and analyzed by the Washington Department of Health (DOH) showed that alert adults in the community might have been able to prevent nearly 60 percent of the unexpected childhood deaths in Washington State. The DOH findings were based on reviews of 229 of an estimated 375 unexpected deaths of children from birth to age 17 during 1999. (Some unexpected deaths could not be reviewed because widespread data was unavailable until mid-year 1999.) With the exception of Sudden Infant Death Syndrome (SIDS), the leading causes of unexpected deaths were vehicle accidents, firearms, drowning and fire. Many organizations in Washington and across the United States provide useful information for parents and families, who are the best line of defense against the leading causes of accidental deaths of children. The *Keep Them Safe* team has reviewed scores of public-service brochures, posters, fact sheets, booklets, videos and websites to identify those that could prove especially helpful to the families we serve. Identifying easily available child safety resources is an important step in efforts to implement the *Kids Come First Action Agenda* to reduce child deaths throughout the state.

Those children who are placed in out-of-home care should be safe. We must work to improve their well-being and mitigate the effects of prior abuse or neglect. Scarce placement resources make it

difficult to successfully match children to foster families. As children present with combinations of sexually aggressive behaviors, mental health issues, behavioral issues and cognitive impairments, appropriate placements become increasingly more difficult to locate. Placements for adolescents are particularly scarce. The availability of intensive settings for children with complex needs is limited. The *Building a Future for Washington's Children: Foster Care Improvement Plan* is a key component of the *Kids Come First Action Agenda*. The improvement plan, made possible with support from Casey Family Programs and assistance of key foster care and child welfare workers from throughout Washington State, is addressing many of these issues.

Under the direction of the Deputy Assistant Secretary, the Children's Administration refocused staff development efforts. We are developing a competency-based curriculum for training social workers and social work supervisors. In addition to classroom coursework, our training for new social workers now includes a stronger field component allowing support from experienced peers. The staff development office is also expanding opportunities for experienced social workers to enrich their skills and knowledge as senior practitioners.

## **PROGRAM DESCRIPTIONS**

The Children's Administration administers child welfare and licensing services through forty-five (45) local offices in six (6) geographic DSHS regions.

Within the Children's Administration, the Division of Children and Family Services (DCFS) is the largest provider of direct client services. Children and families enter DCFS through three primary program areas, Child Protective Services (CPS), Child Welfare Services (CWS) and Family Reconciliation Services (FRS). The division is responsible for the investigation of child abuse and neglect complaints, child protection, family preservation, family reconciliation, foster care, group care, independent living, and adoption services for children age 0 to 18 years.

The Division of Licensed Resources (DLR) investigates allegations of child abuse and neglect in DSHS licensed, certified and state operated care facilities for children (including the biological and adopted children of licensees). DLR is responsible for licensing foster care and group care facilities, as well as child placing agencies, in Washington State. The quality of care offered by these providers is also monitored. This division provides services and training that enhance the quality of licensed facilities.

The Children's Administration also provides statewide coordination of activities, program development, field support and oversight through its Management Services Division, Division of Program and Policy Development and the office and section managed by the Deputy Assistant Secretary.

The Family Policy Council is included in the Children's Administration's budget. The Council's strategies, goals, objectives and performance measures are described in a separate Strategic Plan.

### ***Description of Programs Administered Centrally***

#### **Domestic Violence Services**

Victims of domestic violence and their families receive assistance with emergency shelter and/or safe home refuge as well as support services such as legal and medical advocacy, support groups or individual counseling, access to food and clothing and other support services. Shelter and services are accessible 24 hours per day, 7 days per week. The administration also sets minimum standards for domestic violence perpetrator programs and certifies provider programs.

#### **Victim Services Program**

Victims of crime can receive crisis counseling, court accompaniment and advocacy, and other support services from agencies DSHS contracts with for services. Funding is provided by the federal Victims of Crime Act victim assistance grant administered by DSHS.

#### **Indian Child Welfare Services**

Services are provided to Indian children, consistent with the federal Indian Child Welfare Act



(ICWA), in the areas of child protective services, foster care, dependency guardianship, termination of parental rights, and adoption proceedings. In addition to direct services provided by the administration, these services are funded through approximately sixty contracts with federally and state-recognized Indian Tribes and other Indian organizations in the state to enable them to serve their own tribal members and off-reservation Indians. The administration monitors and provides technical assistance to its own staff and contracted Tribes and agencies on compliance with federal and state requirements related to the care of Native American children.

#### Interstate Compact Placement of Children

This is a statutorily established (RCW 26.34) safety net for children being placed into or out-of the state. Washington State law, in conjunction with the laws of other states, stipulates the conditions under which a dependent child may be placed out-of-state. The Interstate Compact program works with DCFS staff, private attorneys, and private child placing agencies and parents across the country. The program currently serves over 2,000 children.

#### Social Security Program for Children in Foster Care

Children with disabilities who are residing in foster care often qualify for Supplemental Security Income (SSI). DSHS social workers apply for benefits on their behalf and request to become the representative payee. When DSHS is appointed payee by the Social Security Administration, the benefits are used to pay for current cost of care. Benefits remain with the child when they return home and often are part of reunification plans. At any given time, there are 900 to 1,000 children in foster care who qualify for SSI benefits. Additionally, there are about 500 children who qualify for social security benefits based on the death or disability of their parents.

### ***Description of Programs Offered by the Division of Children and Family Services***

#### CHILD PROTECTIVE SERVICES

Child Protective Services (CPS) provides 24 hour, seven day a week intake, screening and investigative services for reports of suspected child abuse and neglect. Children's Administration is in the process of creating a central statewide call center for the intake function. CPS social workers investigate appropriate referrals to assess the safety and protection needs of children and, when necessary, intervenes by providing services designed to increase safety and protect children from further harm.

If CPS finds it necessary to remain involved with families beyond 90 days, the worker must obtain either a court order or a voluntary service agreement with families. CPS may provide in-home protective services to keep a child safely in the family home or provide temporary out-of-home care during assessment or reunification efforts. If risk warrants ongoing placements, dependencies must be established in court and cases are prepared for transfer to ongoing child welfare services.

Law enforcement, courts, and community teams are also critical elements of the child protection system. Each has a distinct role and is integral to the checks and balances designed to protect children from abuse and neglect and to safeguard families from unnecessary disruption.

#### CHILD WELFARE SERVICES

Child Welfare Services (CWS) provides both permanency planning and intensive treatment services to children and families who may need help with chronic problems, such as on-going abuse and neglect or intensive medical needs. Child Welfare Services are provided to children and families when long-term services are needed beyond those available through Child Protective Services (CPS) or Family Reconciliation Services (FRS). The children served in this program are dependents of the state, in out-of-home care, or legally free for adoption.

#### FAMILY RECONCILIATION SERVICES

Family Reconciliation Services (FRS) are voluntary services devoted to maintaining the family as a unit and preventing the out-of-home placement of adolescents. FRS is available to families seven days a week and twenty-four hours a day. Families requesting FRS are offered Phase I and families

who need further intervention are referred for Phase II in-home crisis counseling. Please note that the FRS program is being restructured to accommodate a budget reduction.

### OUT-OF-HOME CARE SERVICES

#### Adoption Program

The Children's Administration's adoption program focuses exclusively on the placement of special needs children in foster care. These children may be difficult to place for adoption because of emotional and behavioral problems, developmental delays, or because they are part of a sibling group or are older (over the age of five years). Adoption Services recruits and screens families interested in adopting children who are in the care and custody of the department. The Children's Administration places waiting children in homes with approved adoptive families and provides adoption planning, preparation, and pre- and post-placement services to the adoptive child and family. Children's Administration does not provide adoption services to individuals adopting independently or internationally.

#### Adoption Support Program

Funding resources are available through the Adoption Support Program to assist families adopting children with special needs. Adoption Support is designed to help families offset the additional expenses involved in caring for a child with special needs. Medical services through the state Medicaid program, pre-authorized counseling and child care or intensive supervision are some of the services that may be subsidized through Adoption Support. In FY 2001, Washington's Adoption Support Program served over 6,000 children.

#### Behavior Rehabilitation Services

The administration contracts with community agencies for rehabilitation services for children and youth with serious emotional, behavioral or medical difficulties who cannot be adequately served in foster care. Rehabilitation services provide a higher standard of care and treatment for children and youth with the most severe needs. Rehabilitation Services are time limited with a focus on a return to less intensive supports. Services are offered in an array of settings including the child's home, a treatment foster home or a group residential setting.

#### Crisis Residential Centers (CRC)

Crisis Residential Centers (CRC) provide temporary shelter to runaways and other at-risk youth ages twelve through seventeen years old, on a twenty-four hours a day, seven days per week basis. Placement is limited to a maximum of five days and services are focused on the goal of family reunification.

#### Employed Foster Parent Child Care

The Employed Foster Parent Child Care Program pays for child care to support the foster parent's or non-needy relative caretaker's employment. Child Care may be authorized for children placed by Children's Administration (CA) or a CA certified agency without regard to the foster parent's or non-needy relative's income and when the foster parent or non-needy relative needs child care to maintain employment. The Employed Foster Parent Child Care program does not pay foster parents and non-needy relative caretakers for providing child care for the foster children who live with them.

#### Foster Care Services

Foster homes provide twenty-four hour care for children of all ages who need temporary or extended out-of-home placement due to child abuse, neglect or family conflict. Foster care is provided by licensed foster parents or unlicensed relative caretakers when the child is placed by DCFS and is viewed as a short-term solution to an emergent situation. The goal of foster care services is to return the child home or to find another permanent home as early as possible. Foster care services are also available with licensed foster parents through community child placing agencies.

#### Foster Care Assessment Program

The Foster Care Assessment Program (FCAP) is a statewide contracted program through *Harborview Center for Sexual Assault and Traumatic Stress*. FCAP providers assess children who have been in

out-of-home placement for more than 90 days and are in need of intensive planning to help ensure permanency. The program targets children who have complex problems that may pose barriers to the achievement of stable permanent placements. In most cases the assessment services include a six month follow up by the FCAP evaluator. This follow-up provides assistance to the child, their foster parents or relative caregivers. The goal is to identify unmet needs and provide a link to services that aid the child's development and, thereby, improve the child's opportunity for a permanent home.

#### HOPE Centers/Responsible Living Skills Program

The Homeless, Youth Prevention/Protection and Engagement Act (HOPE), passed by the legislature in 1999, created HOPE Centers and Responsible Skills Living Programs (RSLP). HOPE Centers are temporary residential placements for street youth. The Washington State legislature approved the establishment of 75 HOPE Center beds and 75 RLSP beds statewide. Youth can remain in a HOPE Center for up to 30 days while they receive assessment services and a permanent placement is identified. HOPE Centers are intended to stabilize an adolescent, perform comprehensive assessments of the youth's physical and mental health, identify substance abuse problems and educational status, and develop a long-term permanent plan. The RLSP may serve as a permanent placement. RLSP and ILS (see below) are programmatically integrated.

#### Independent Living Services (ILS)

Youth who are in foster care receive Independent Living Services to help prepare them for independence before they leave foster care when they reach legal adulthood. Youth who are likely to remain in care until their eighteenth birthday will have a plan for independence developed with their social worker.

Throughout the state, community agencies and federally recognized Tribes contract with the administration to provide Independent Living Services. Contracted ILS providers are a resource to assist youth in gaining the skills identified in their independent living plan.

Twenty community agencies provide skill-based services in the areas of education, employment, housing, interpersonal skills and daily living skills. In 1999, the Chafee Foster Care Independence Act provided greater funding to assist states in implementing ILS services and allowed them to provide services to former foster youth between the ages of eighteen and twenty-one years old.

#### Interim and Receiving Care Services

Emergency placement resources in Crisis Residential Centers or Assessment Centers are available for children and youth pending family reunification or longer-term family or group care. Family Receiving Homes provide emergency placement services for children and youth removed from their homes because of abuse, neglect or family conflict.

#### Kidscreen

*Kidscreen* is a legislatively mandated (Substitute Senate Bill 6055) screening program designed to assess children who are placed in out-of-home care. Implementation of the *Kidscreen* program began statewide on September 15, 2001, in an effort to provide "front end" planning for children who will remain in care for longer than 30 days. Washington State requires that *Kidscreens* be conducted for children within their first 30 days of placement. *Kidscreen* assesses condition and level of functioning in five life domains, physical/medical, developmental, educational, family/social and emotional/behavioral. Standardized tools are used in assessing the developmental and emotional/behavioral life domains.

#### Passport Program

The Foster Care Passport Program is an automated health and education record keeping and tracking system for children in out-of-home care for more than 90 days. The Children's Administration and local public health districts collaborate to administer the program. Public health nurses located in Children's Administration offices input information about the child's medical history and treatment, while social workers input social, behavioral and educational data. This information is given to foster parents at the time of placement and it is updated every six months or whenever a child moves.

#### Pediatric Interim Care

There are currently four Pediatric Interim Care (PIC) programs available in Washington State. One is a facility-based program that provides care and medical support to drug-affected infants for up to 45 days. Another provides care and intensive services to drug-affected infants and children ages birth to three through trained foster homes. Two programs provide support services, but no placements, for drug affected children ages birth to three. These services are provided directly to the child through the foster parents, relative caregivers, and/or the birth parents to promote the child's well being and to provide training to the families on the particular needs of drug affected children.

#### Secure Crisis Residential Centers

Secure crisis residential centers (S-CRC's) provide twenty-four hour availability for short-term placements of up to five-days for runaways placed by law enforcement. These facilities were mandated by the "Becca Bill" legislation passed in 1995. The S-CRC's have locked doors and windows and fenced grounds, but otherwise operate as other CRC's, with an emphasis on assessment of needs and family reunification.

#### Transition to Independence Programs

Former foster care youth ages eighteen to twenty years old who have at least one documented independent living skills plan prior to leaving care may receive services designed to assist the youth in achieving self-sufficiency. Services may include assistance in employment, education and/or housing.

### ADDITIONAL SERVICES TO SUPPORT FAMILIES

#### Alternative Response System

The regions contract with community agencies for Alternate Response Systems (ARS) to provide services to low risk families referred to CPS. Services help families develop community support systems to keep children safe and families intact without intrusive CPS intervention. ARS serves families whose CPS referrals are determined to be low risk or moderately low risk at intake or after investigation. Priority is given to families who have one or more risk factors which research has shown to best predict the likelihood of re-referral.

#### CPS/CWS Child Care

Subsidized childcare can be provided for at-risk families as part of a DCFS case plan for families receiving CPS or CWS services. This childcare can be provided without financial participation requirements.

#### Early Intervention Program

Trained public health nurses are available to provide voluntary in-home nursing services for at-risk families with young children, which can prevent the need for more intrusive DCFS interventions.

#### Family Preservation Services (FPS)

Family Preservation Services are available to families whose children face "substantial likelihood" of being placed outside of the home or to reunify a child with their family from out-of-home care. FPS are available to families within 48 hours of referral and are offered for a maximum of six months by a contracted service provider. Interventions focus on resolving the immediate crisis while strengthening a family's relationships through a variety of community resources.

#### Home Based Services (HBS)

DCFS social service staff can purchase supplemental services for families who are at risk of child placement or in need of reunification from foster care. HBS are individualized to meet each family's need (within available resources). Services may include parent aides and counseling, as well as supports for basic needs such as clothing, shelter, employment or transportation.

#### Home Support Specialists

Paraprofessional DCFS staff are available to teach and demonstrate basic physical and emotional care of children, personal hygiene, nutrition, homemaking and life skills for at-risk families being served by CPS or CWS.

#### Intensive Family Preservation Services (IFPS)

When the administration believes a child is at “imminent risk” of foster care placement or is in need of reunification services, the family can be referred for IFPS through a contracted community agency. IFPS is a voluntary service that provides intensive in-home therapeutic services (6 to 10 hours of therapy per week) for up to 40 days. If paraprofessionals are used, the services can be provided for up to 90 days. Services are available seven days a week, twenty-four hours per day. IFPS focus on improving the family’s ability to overcome a crisis situation and to remain together safely.

#### Medicaid Treatment Child Care

Medicaid Treatment Child Care (MTCC) provides medically necessary psychosocial services to young children at risk of child abuse and neglect. Each child is assessed and an individual treatment plan is developed to address the needs identified in the assessment. The services provided include but are not limited to: therapeutic play; individual counseling for behavior modification; family counseling; group interventions with both the child and the parent; monthly home visits; and facilitated groups for caregivers. These services are available for families served by CPS or CWS, and for parents participating in certified Division of Alcohol and Substance Abuse (DASA) treatment programs.

#### Street Youth Services

This program is intended to help those children who are not appropriately served through traditional methods of counseling. These children, referred to as street youth, are living away from their homes and may be chemically dependent and/or actively involved in prostitution or delinquent behaviors. Services are aimed at diverting youth at risk of street involvement and provide emergency and transitional services for youth who are ready to leave the streets.

#### Transportation

Transportation services may be provided to families involved with the administration through agencies contracted by the Children’s Administration.

#### Supervised Visitation

Visitation supervision services may be provided to families involved with the administration through agencies contracted by the Children’s Administration.

### ***Description of the Division of Licensed Resources***

The Children’s Administration’s Division of Licensed Resources (DLR) is responsible for licensing and monitoring out-of-home care foster homes and facilities and for the investigation of allegations of abuse and neglect and complaints concerning the health and safety of children and the quality of care provided in all licensed, certified and state-operated facilities.

#### OFFICE OF FOSTER CARE LICENSING

The Office of Foster Care Licensing (OFCL) inspects and licenses approximately 4,300 family foster homes, 80 residential group care facilities, 16 Crisis Residential Centers, 5 overnight shelters, 22 maternity services providers, and 110 child placing agencies which license over 1,900 private agency foster homes. OFCL also provides training for foster and adoptive parents and serves approximately 300 people per quarter through an interactive training web site for foster parents.

#### CHILD ABUSE AND NEGLECT FACILITY INVESTIGATION SECTION

The Child Abuse and Neglect Section (CA/N Section) provides Child Protective Service (CPS) investigations regarding allegations of abuse and neglect to children in licensed, certified and state-operated facilities. The CA/N Section has five main goals: 1) ensure the immediate safety of alleged child victims; 2) investigate allegations of child abuse and neglect and make determinations regarding the existence of child abuse and neglect; 3) assess whether the child in question has been abused or neglected in a state-regulated setting in ways that have not been alleged; 4) identify risk factors within the facility which create a substantial risk of harm to children; and 5) ensure consistency and equity toward providers in the investigation of abuse and neglect.

## TRENDS IN CUSTOMER CHARACTERISTICS

Facts about the children and families who require the assistance of the Children's Administration  
(Fiscal Year 2001 unless otherwise stated):

- Over 78,000 reports of suspected child abuse and neglect were received last year (averaging over 213 referrals each day) involving nearly 1 in 25 children in Washington state.
- Over 41,000 accepted referrals of child abuse and neglect, involving over 58,000 children, were investigated by CPS (or referred to alternative response).
- 26,686 cases were open for services in March 2002, with approximately
  - 42 percent open for Child Protection Services
  - 49 percent open for Child Welfare Services
  - 9 percent open for Family Reconciliation Services
- 8,928 families received Family Reconciliation Services intake and assessment because of family conflict and/or violence.
- 2,702 families received brief in-home counseling and crisis intervention to prevent a runaway or placement of a child.
- 15,853 children were served in all DCFS out-of-home care placements last year. (Unduplicated 2001 annual total)
  - Over 8,400 new children entered DCFS placement last year.
  - Nearly 50 percent of children placed into out-of-home care were able to leave care within 90 days.
  - More than 8,000 children reside each month in licensed family foster and group out-of-home care.
  - Over 81 percent of children currently in care were placed in only one or two homes during their first year in care.
  - 62 percent of children currently in care for more than two years remained in the same home during their most recent full year in care.

Children's educational achievement is receiving greater public attention and is part of the Governor's agenda. Currently, only 30% of approximately 200 children per year who stay in care until they turn age 18 have earned a high school diploma or GED. Another 30% are enrolled in a vocational or educational program at the time they leave care. Many factors influence how well children progress academically. For children in the custody of the state, this challenge will be met through better partnering with local schools, school districts and the Superintendent of Public Instruction's (SPI) office, as well as through strategies to support children in age appropriate educational and developmental programs. SPI is in the process of piloting an automated Unique Student Identifier Code (USIC) that, if successful, will allow the automated sharing of information between SPI and CA. The 2002 legislative session passed legislation that calls for a work group to address educational stability and continuity for school age children who enter into short-term foster care and the establishment of pilots in three school districts.

The mental health needs of children in care is commanding more attention. More than ever, the children seen by the Children's Administration are likely to be affected by substance abuse, domestic and gang violence and chronic family poverty. New data regarding the link between domestic violence and child abuse and the effects of neglect on brain development suggest that the child welfare system needs to become more active in these areas if children are to be reached before irreparable harm occurs. The impact of adult substance abuse on the incidence of child abuse and neglect will continue to be considerable.

## **CUSTOMER AND STAKEHOLDER REQUIREMENTS**

The Children's Administration solicited input for the strategic plan from customers, foster parents, Tribal government representatives, stakeholders and employees. DSHS also conducted stakeholder feedback forums to solicit comments about broad priorities across administrations.

Customer input came in the form of three focus groups with youth, between the ages of 15 and 19 years old, in out-of-home care in Olympia, Tacoma and Lacey. Two of the sessions were with youth in independent living services programs, a total of eighteen adolescents, ten boys and eight girls. The third focus group was with three girls residing in a group home. We asked for their thoughts on what we should do to improve services and the foster care system. They talked about the importance of feeling like they were part of the family with which they were placed, and commonly not experiencing that. Many were feeling that they were in placement because they were bad or did something wrong. One of the boys said they needed more freedom and the opportunity to learn skills leading up to turning age eighteen. He said it was like "keeping a bird in a cage that is too small for the bird to learn to fly, and then opening the cage door and dumping the bird out the high window of a building, and expecting the bird to fly."

Issues important to children in foster care include:

- Loosen requirements for background checks – they said it was difficult for them to tell friends that their families need background checks before they could visit and they lose friends because of it.
- Support educational achievement – losing school credits because of frequent moves was a strongly felt issue with great personal impact on them.
- Give them choices – they want to have choices regarding church attendance, school programs, employment and activities.
- Maintain family connections – they expressed wanting to stay in touch with and more frequent visits with their siblings, parents and other family members.
- Increase funding for clothing – the youth were vocal about not being provided with new clothing as they quickly outgrew what they had and they were unable to get special occasion clothing like prom dresses and suits; they indicated that this is one more example of not being able to socialize like most of their classmates.
- Improve preparation for independent living – most expressed the need for their foster families to bond with them and to help prepare them for independent living; these youth wanted foster parents to allow them to practice homemaking skills and they wanted help with exploring school, career and employment opportunities.

The Children, Youth and Family Services Advisory Committee, the Indian Policy Advisory Committee and the Foster Care Improvement Plan project management team participated in the planning process as statewide stakeholder representatives with unique perspectives. The Foster Parent Advisory Committee requested that we survey a sample of foster parents. Each region identified a number of foster parents who participated by completing surveys through postal mail and forty surveys were returned.

Issues important to foster parents include:

- Provide permanent and stable placements for children
- Increase availability of quality services
- Improve child well-being
- Increase recruitment and retention of quality placement resources
- More child abuse and neglect prevention services for families

Issues important to stakeholders include:

- Increase recruitment and retention of quality placement resources
- Provide permanent and stable placements for children
- Improve child well-being
- Increase meaningful partnerships within DSHS and with the community
- Improve child safety

Four of the six regional management teams included their regional advisory board members and stakeholders in identifying issues and strategies for the plan. One local office quality improvement standing team, which includes stakeholders, also participated. All four Divisions, Children and Family Services, Program and Policy, Management Services and Licensed Resources, provided input from their planning processes, as did the Deputy Assistant Secretary.

Issues important to management teams include:

- Increase recruitment and retention of quality placement resources
- Improve access to mental health services for children
- Improve access to substance abuse treatment
- Consistency in child welfare practice
- Improve placement stability
- Provide necessary funding and resources

All employees were invited to participate by completing an on-line survey instrument. The respondents represented a cross section of employees, case carrying and non-case carrying social workers from all program areas, home support specialists, office support positions, program managers, information technology staff, supervisors, area administrators, regional administrators and managers, office chiefs and directors. A total of 253 employees responded to the survey.

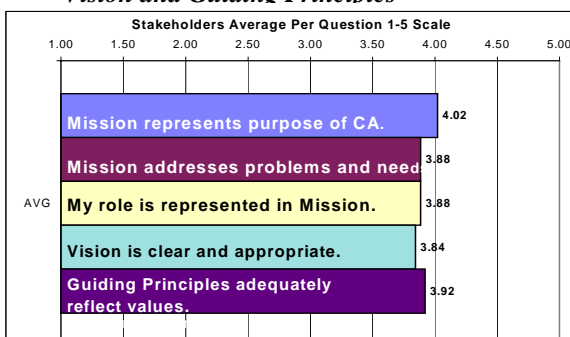
Issues important to employees include:

- Increase the number of quality staff
- Increase recruitment and retention of quality placement resources
- Decrease workload
- Increase meaningful partnerships within DSHS and with the community
- Improve leadership at all levels

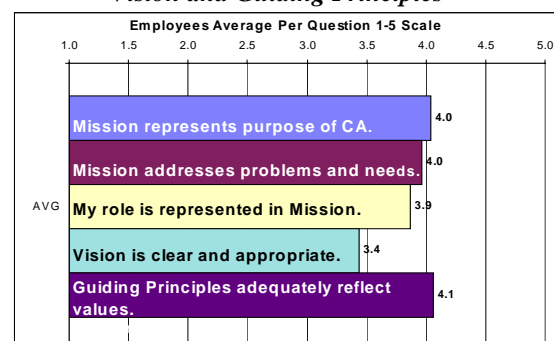
During this planning cycle, we reviewed the Mission, Vision and Values (Guiding Principles) statements, made necessary when DSHS moved the Office of Child Care Policy to the Economic Services Administration. Stakeholders and employees were asked to rate on a one to five scale their agreement with the statements that the mission adequately represents the purpose of the agency, addresses the problems or needs that the administration was created to address and that their roles are represented in the mission statement. Both groups expressed high levels of agreement, with some suggestions for improvement. Comments indicated the need for a shorter, easier to remember mission. In response, we held a contest open to all employees to compose a “slogan” that represents the elements of the mission statement. The winner receives recognition in the form of \$100.

Stakeholders and employees varied slightly in their responses to the statement that the vision is clear and appropriate for the Children’s Administration, with fewer employees in agreement. Employees particularly took exception to the part of the vision that sees the organization as innovative and results driven, seeing this as not yet accomplished. While making many suggestions for improvement, stakeholders and employees alike rated highly the statement that the guiding principles adequately reflect the values to which the Children’s Administration should be committed.

**Stakeholder Feedback on Mission, Vision and Guiding Principles**



**Employee Feedback on Mission, Vision and Guiding Principles**





## MAJOR PARTNERS

### Current Committees

- Children, Youth, and Family Services Advisory Committee
- Six (6) Regional Advisory Committees
- Indian Policy Advisory Committee
- Governor's Office on Indian Affairs
- CAMIS Project Steering Committee
- Foster Care Advisory Committee
- Foster Care Citizen Review Board Advisory Committee
- Statewide Child Fatality Committee
- Family Policy Council Inter-agency Coordinating Committee
- Children's Justice Advisory Board
- Governor's Juvenile Justice Advisory Committee
- Birth to Six Interagency Coordinating Council

### Interagency Relationships

- American Indian Communities Interagency Agreement for Child Welfare
- Eastern Washington University
- Federal Department of Health and Human Services (Includes Social Security Administration)
- Office of the Administrator for Courts
- Office of the Attorney General of Washington
- Office of the State Superintendent of Public Instruction
- University of Washington
- Washington State Department of Community, Trade, and Economic Development
- Washington State Employment Security Department
- Washington State Department of Health
- Washington State Department of Information Services
- Washington State Patrol
- Washington State Tribes and Tribal Organization Local Agreements – Child Welfare Services
- Western Washington University

### Constituencies

- All Washington State Tribes and Indian organizations
- All contractors and agencies providing services to Children's Administration clients
- All licensed foster parents and child day care providers
- American Indian Center, Spokane, WA
- Children's Alliance
- Early Childhood Development Association of Washington
- Families for Kids
- Fetal Alcohol Syndrome Information Service (FASIS)
- First Steps Community Coordinating Councils
- Foster Parents Association of Washington State (FPAWS)
- Juvenile Court Administrators Association
- Major Medical Centers - contact government liaison for the center
- Parent Trust for Washington Children
- Private Agency Adoption Coalition
- Puget Sound Coalition of Residential Care Providers
- School Age Child Care Committee
- Seattle Indian Health Board
- South Puget Intertribal Planning Agency (SPIPA)
- Washington Council for Prevention of Child Abuse and Neglect
- Washington State Coalition Against Domestic Violence
- Washington Coalition of Sexual Assault Programs
- Washington Council on Crime and Delinquency
- Washington Federation of Group Care Providers
- Washington State Child Care Coordinating Committee

## FINANCIAL PLAN ASSESSMENT

It will be very difficult to achieve the strategic objectives set forth by the Children's Administration for the 2003-2009 planning cycle without an increase in financial resources in some areas. These objectives include continued efforts to reduce social worker caseloads, increase utilization of federal funding, and compliance with Health Insurance Portability and Accountability Act (HIPPA) guidelines. In conjunction with a modest increase in financial resources, the Children's Administration will continue to implement efficiencies in how we do business by consolidating some program services, reducing overall administrative expenditures, and restructuring management of payments for purchased social services.

## RISKS, OBSTACLES, AND OPPORTUNITIES FACING THE AGENCY

The Children's Administration's 2001-2003 biennial budget was \$859 million. The administration took significant cuts (\$8.1 million) in program dollars in the 2002 supplemental budget. The majority of the reductions fell on the Family Reconciliation Services, Home Support Specialists and After Hours Intake programs. Early forecasts for next biennium indicate that the state will once again face a significant gap between resources and service demands.

The child welfare system continues to be challenged by public expectations for greater accountability. Community beliefs about when Child Protective Services should intervene are varied and the role of CPS is controversial. In addition, federal legislation contained in the Child Abuse Prevention and Treatment Act (CAPTA) and the Adoption and Safe Families Act (ASFA) significantly reduce practice timeframes and increase requirements on the states. There is new emphasis on high standards, careful goal-setting, outcome-based results and accountability for results in child welfare.

Accompanying public expectations is a federal push for improving child and family outcomes, with the Child and Family Services Review (CFSR) scheduled in March 2004. The review relies on information from multiple sources in making decisions about the State's performance, including a statewide assessment, onsite review of a sample of children and families served and systemic factors that affect the agency's ability to help children and families achieve positive outcomes. Failing the review will result in a program improvement plan and possible loss of federal revenue.

Coinciding with the federal review, the administration is working to become accredited by the Council on Accreditation of Services for Families and Children. Accreditation requires the organization to meet rigorous benchmarks of excellence and comply with child welfare program standards in child protective services, foster and kinship care services, adoption services and family reconciliation services. The accreditation process gives us an opportunity to compare ourselves with national standards and make strides in improving consistency of practice across the state, higher quality service delivery and customer satisfaction.

The results of pending lawsuits could significantly impact fiscal resources and the way we operate as a child welfare system. The *Braam v. State* class action lawsuit claims the state did not provide adequate treatment while children were in foster care. The plaintiff claimed that the foster care system needs court oversight and intervention. A Bellingham Superior Court jury returned a verdict in December 2001, ruling that constitutional rights of children in foster care were violated in the past. Jury instructions neither allowed jurors to focus on recent improvements in the child welfare system nor to consider budgetary constraints when making their decisions. The state is appealing the ruling.

In October 2001, the State Supreme Court ruled in the lawsuit *Keffeler v. DSHS* that the practice of using Social Security funds on behalf of children in foster care violates the federal Social Security Act. This decision prohibits DSHS from using those benefits to help pay for the cost of maintaining the child in foster care. DSHS believes the court's decision is contrary to federal and state court decisions that have addressed the issue, and overlooks the fact that DSHS operates its programs in

compliance with federal rules and regulations. Benefits remain with the children when they return home and often are part of reunification plans. More than half the states in the nation and several child advocacy groups joined Washington in a U.S. Supreme Court petition to reverse the Washington Supreme Court decision. The federal government, through the Social Security Administration and the Department of Justice, has consistently supported DSHS' position in this litigation. The U. S. Supreme Court has agreed to hear the case.

We must find answers to better serve the adolescents in out-of-home care who are inadequately prepared for independence and a successful future. Because adolescents are considered less vulnerable than younger children in our care, services to this age group are the first that are considered when budget reductions are required. The challenge presented by the loss of \$1.68 million in funding for Family Reconciliation Services offers the opportunity to meet with community stakeholders and providers to reassess how best to restructure this innovative service model that prevents costly adolescent placements.

As additional Washington State Tribes gain federal recognition, the administration is faced with funding additional Indian child welfare programs for each newly recognized Tribe. Fiscal planning for such events is imperative for both the Children's Administration and the Tribes.

The administration requested a substantial increase in field staff for the 2001-2003 Biennium. This request was based on the determination to lower staff-to-client ratios. The Legislature funded part of the request and also directed the Joint Legislative Audit and Review Committee (JLARC) to review the reliability of the numbers driving the request. JLARC conducted an audit of caseload and staffing issues and issued an interim report in May 2002. In response to the JLARC recommendations, the administration will work with legislative staff, Office of Financial Management and budget staff to develop a proposal to establish and maintain a more sophisticated caseload-staffing model. The audit found that the administration has in place the necessary management and caseload controls and information system to make the exploration of such a staffing model a worthwhile pursuit. The improved model would be the basis for any future staffing budget requests.

The strategic plan outlines strategies to address the many challenges facing the agency over the next six years. Customers, stakeholders and employees all identify the need to increase placement resources as a priority. Improving practice, customer service and the information system, implementing federal policy changes and meeting federal expectations in order to maintain federal funding will require the effort of every employee at all levels of the organization. This plan is an ambitious one and implementing the strategies and achieving the goals of the administration are dependent on strong community and legislative support and funding.

## **EVALUATION AND IMPROVEMENT METHODS**

Achieving child and family outcomes is of paramount importance to the Children's Administration. The Data Management Unit is responsible for management and administrative data development, performance and outcome measurement, production, analysis and dissemination. The unit supports and assists staff statewide by providing information, resources and relevant and timely outcome and performance data essential for the delivery of quality child welfare services. The measures can be drilled down to the unit level and are updated monthly and posted on the Intranet.

The Office of Children's Administration Research (OCAR) conducts research of selected policy and program issues. The office assesses implementation of legislatively mandated service programs and evaluates outcomes. This data is used to inform policy development, improve practice and identify program effectiveness.

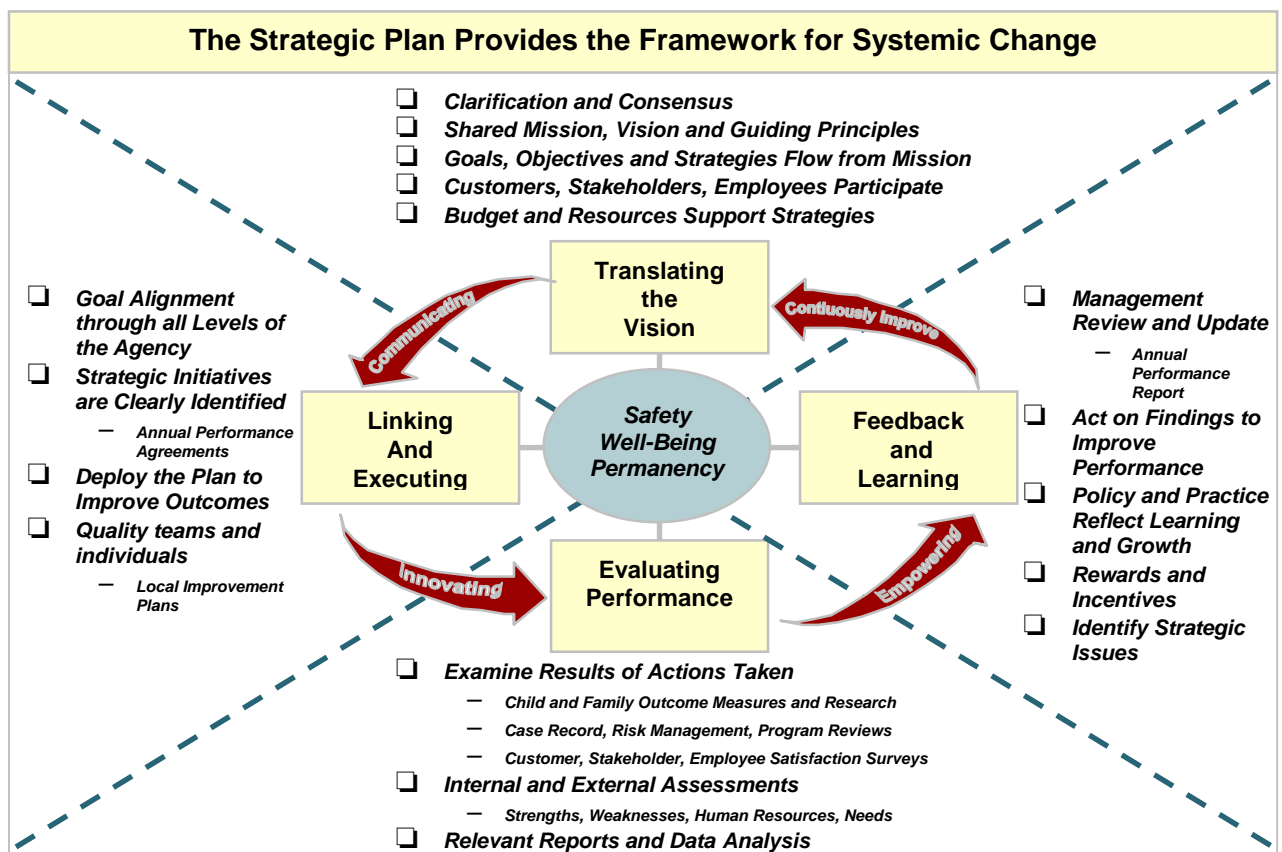
Constituent Relations provides timely, thorough and objective resolution of complaints from foster parents, legislators and others regarding the services or programs of the administration and reports aggregated data.

Quality improvement has been a focus of the administration for the last five years and the model is growing. The newly formed Quality Improvement Section, funded in the 2001-2003 Biennium, is leading several initiatives to increase the data available for quality monitoring. Children's Administration continues to encourage and provide support to continuous quality improvement project teams across the state.

One of the key data sets for guiding practice improvements is gathered through intensive review of case records. A case record review process is being established across the state. Through a blended approach that uses peer reviewers as well as a central review team, case records are read in each field office in every quarter of the year. A standard case review process is applied to a random sample of cases from each program area. Summary data demonstrating practice trends guides local practice improvements and identifies systemic policy or management issues needing attention.

Another data source and accreditation requirement is customer, stakeholder and employee satisfaction surveys. Planning is underway to phase in implementation of this gauge of how well we are doing. In addition, a team is working to create a system for collecting aggregate data about incidents, accidents and grievances.

Standards for accreditation require a comprehensive system of continuous quality improvement across all levels of the organization. We are implementing a model in which we envision that each field office will establish standing quality improvement teams. These teams will review data specific to their areas and develop improvement plans. Improvement results will be tracked by management and will inform decision-making for strategic planning.



## GOALS, OUTCOMES, OBJECTIVES, & STRATEGIES

The primary goals of the Children's Administration focus on the themes of child safety, child and family well-being, and permanency for the children and families we serve. In addition, we have a goal that focuses on the theme of systemic factors that develop an organization with the capacity to support better outcomes for children and families.

While lead persons are assigned to each strategy for the 2003-2005 Biennium, other divisions are often involved in supporting implementation of the strategies. DCFS Regional Administrators and DLR Regional Managers have major roles in implementing strategies concerning child safety, child and family well-being, permanency and supporting client outcomes.

On the following pages, the objectives, outcomes, and strategies of the Children's Administration are laid out in support of our four major goals of:

- ♦ ***Child Safety:*** Children will be safe from abuse and neglect.
- ♦ ***Child & Family Well-Being:*** Help families and communities improve the well-being of children in their own homes and in out-of-home care.
- ♦ ***Permanency:*** Provide stable, nurturing, and permanent placements as quickly as possible for children who are placed into out-of-home care.
- ♦ ***Supporting Client Outcomes:*** Continuously improve the organization's capacity to achieve better outcomes for children and families.

**Note:** Terms used throughout this plan refer to the following definitions unless specifically identified otherwise:  
"Foster parent" refers to both licensed foster parents and unlicensed relative and/or kinship caregivers.  
"Child" or "children" refers to any infant, child, or adolescent aged 0-18 served by the Children's Administration.

## Child Safety

**GOAL: *Children will be safe from abuse and neglect.***

**Strategic Outcome S-1: Children are, first and foremost, protected from abuse and neglect.**

Objective	Measured by
A Reduce chronic maltreatment	• Proportion of families chronically referred to CPS

Strategic Focus  
2003-2005

**Strategies:**

- |  |           |
|--|-----------|
| ♦ Improve the statewide consistency of child welfare decisions (See Kids Come First Action Agenda) (O-6.B and O-8.A)   | 2003      |
| <ul style="list-style-type: none"> <li>Centralize statewide after-hours intake</li> <li>Centralize statewide daytime intake</li> <li>Implement case record review</li> <li>Develop user-friendly practice standards guide for all program areas</li> <li>Improve training model and staff mentoring</li> </ul>   |           |
| ♦ Establish statewide workgroup to review case records with multiple referrals and identify specific strategies to address issues.   | 2003      |
| <ul style="list-style-type: none"> <li>Review prior recommendations to address chronic neglect</li> <li>Review practice issues and consider mechanism to identify children who need placed early in a case.</li> <li>Develop criteria/tools to use interventions more effectively</li> <li>Implement recommendations</li> </ul>  |           |
| ♦ Improve handling of chronic neglect referrals (See Kids Come First Action Agenda)  | 2003-2005 |
| <ul style="list-style-type: none"> <li>Evaluate chronic neglect projects and use findings to identify criteria for automatic review of and effective service options for these families</li> <li>Review relationship of chronic neglect to re-entry into care</li> <li>Implement pilot project with ESA to identify strategies to meet neglect issues in families with greatest need</li> <li>Pilot No Wrong Door projects with ESA, JRA, and DASA</li> <li>Complete research and recommendations to improve policy and practice for children and families with repeat referrals               <ul style="list-style-type: none"> <li>Evaluate characteristics of children and families</li> <li>Integrate recommendations with policy and practice changes</li> </ul> </li> </ul> |           |
| ♦ Focus on increasing father's involvement   | 2003-2005 |
| ♦ Apply for IV-E demo waiver for intensive service options (See O-7.A)   | 2003-2005 |
| ♦ Implement recommendations from child fatality reviews  | 2003-2005 |
| ♦ Enhance partnerships with community organizations to achieve better outcomes for children (See Kids Come First Action Agenda) (See O-1.A, O-1.C)   | 2003-2005 |
| <ul style="list-style-type: none"> <li>Improve coordination of substance abuse services through DASA-local area collaboration on treatment, housing, court options</li> <li>Improve coordination of domestic violence resources</li> <li>Improve coordination of mental health services</li> <li>Educate the public for help in reducing abuse</li> <li>Review need for DSHS collaboration around families who enter the child welfare system as a result of losing TANF eligibility</li> </ul>  |           |

## Child Safety

### Strategic Outcome S-1 continued

	<u>Objective</u>	Strategic Focus 2003-2005	<u>Measured by</u>
B	<u>Reduce recurrence of maltreatment</u>		<ul style="list-style-type: none"> <li>• <u>Percent of CAN victims who had another founded referral within 6 months</u> (Federal data)</li> <li>• Number of cases staffed with community Child Protection Teams (see O-1.A)</li> <li>• Percent of children who have a safety assessment and safety plan in accordance with policy (future)</li> </ul>

#### Strategies:

♦	Improve the assessment of risk for child protective services (See Kids Come First Action Agenda)	2003-2005
	<ul style="list-style-type: none"> <li>▪ Implement Phase II assessment tools               <ul style="list-style-type: none"> <li>• Reassessment of Risk (follow-up to Investigative Risk Assessment)</li> <li>• Reunification Assessment</li> <li>• Transition &amp; Safety Plan (Reunification Plan)</li> <li>• Develop Phase II training curriculum and train staff</li> <li>• Develop Risk Assessment Practice Guide</li> </ul> </li> <li>▪ Complete research and recommendations to improve policy and practice for children with recurrence of abuse or neglect and their families (See O-3.A)               <ul style="list-style-type: none"> <li>• Evaluate characteristics of children and families</li> <li>• Integrate recommendations with policy and practice changes</li> </ul> </li> </ul>	
♦	Expand interagency collaboration with methamphetamine teams	2003-2005
♦	Improve use of Child Protection Teams and provide training and tools to improve effectiveness(See Kids Come First Action Agenda) (See O-1.A, O-8.B)	2003-2005
	<ul style="list-style-type: none"> <li>▪ Provide training to CPTs and social work staff on expectations and use of new tools in decision-making</li> </ul>	2003
	<ul style="list-style-type: none"> <li>▪ Conduct random review of cases evaluated by CPT's</li> </ul>	2004
	<ul style="list-style-type: none"> <li>▪ Clarify expectations regarding use of CPTs and track performance</li> </ul>	2005
♦	Enhance partnerships with community organizations to achieve better outcomes for children (See Kids Come First Action Agenda) (See O-1.A, O-1.C)	2003-2005
	<ul style="list-style-type: none"> <li>▪ DSHS Management collaboration to develop improved access and better treatment services for mental health issues for children in foster care</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Re-evaluate working agreements with law enforcement jurisdictions</li> </ul>	
♦	Comply with federal CAPTA requirements	2003-2007
	<ul style="list-style-type: none"> <li>▪ Implement Citizen Review</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Advocate for increases in guardians ad litem</li> </ul>	
♦	Implement recommendations from the JLARC audit of the DCFS caseload and staffing request (See S-1.C, S-2.B, WB-1.A and O-7.A)	2003-2005
♦	Develop office pilots for caseload of 1:15	2007
♦	Evaluate use of actuarial computer-based model to support social worker decision-making	2009

## Child Safety

### Strategic Outcome S-1 continued

<u>Objective</u>		<u>Measured by</u>
C Increase safety for children placed in out-of-home care	Strategic Focus 2003-2005	<ul style="list-style-type: none"> <li>Percent of children in licensed care who were abused or neglected by a foster parent or facility staff (Federal data)</li> <li>Percent of foster homes receiving annual health and safety checks</li> </ul>

#### Strategies:

♦ Provide children in out-of-home care with safe and stable homes (See Kids Come First Action Agenda) (See O-2.D)	2003-2005
<ul style="list-style-type: none"> <li>Develop plan to assure that all children placed in out-of-home care have the phone number to contact their social worker or the agency to report abuse or neglect</li> </ul>	
♦ Implement recommendations from the JLARC audit of the DCFS caseload and staffing request (See S-1.B, S-2.B, WB-1.A and O-7.A)	2003-2005
♦ Oversee and implement Foster Care Improvement Plan (See FCIP) (See O-2.D)	2003-2005
<ul style="list-style-type: none"> <li>Promote a culture that embraces a collaboration between foster families and social workers</li> </ul>	
<ul style="list-style-type: none"> <li>Increase foster home retention, recruitment and diversity</li> </ul>	
<ul style="list-style-type: none"> <li>Enhance community partnerships and outreach</li> </ul>	
<ul style="list-style-type: none"> <li>Increase supports for foster care</li> </ul>	

<u>Objective</u>		<u>Measured by</u>
D <u>Initiate timely investigations</u>	Strategic Focus 2003-2005	<ul style="list-style-type: none"> <li>Percent of high standard child abuse and neglect referrals where child is seen within 10 working days from the date of referral</li> <li>Federal Case Review</li> </ul>

#### Strategies:

♦ Clarify policy issues	2003
<ul style="list-style-type: none"> <li>Documentation and intent of waivers for attempted contacts</li> <li>Child advocacy center/law enforcement interviews with child and social worker contact with child</li> </ul>	
♦ Implement case record review and use findings to identify policy issues	2003-2005
♦ Redesign staff training model (See O-8.A)	2003-2005
♦ Evaluate policies and timeframes for consistency with accreditation requirements	2003-2005



**Strategic Outcome S-2: Children are safely maintained in their homes whenever possible and appropriate.**

	<u>Objective</u>	<u>Measured by</u>
A	Protect children and prevent removal whenever possible	<ul style="list-style-type: none"> <li><u>Services provided to families to protect children in home and prevent removal</u> (Federal Case Review)</li> </ul>
	<b>Strategies:</b>	
	♦ Improve the assessment of risk for child protective services (See Kids Come First Action Agenda)	2003-2005
	▪ Implement Phase II assessment tools	
	• Reassessment of Risk (follow-up to Investigative Risk Assessment)	
	▪ Develop Risk Assessment Practice Guide	
	♦ Revise in-home dependency policy	2003
	♦ Assess and implement restructuring (due to budget cut) of FRS program to best retain the benefits	2003
	♦ Re-evaluate the ARS program and make necessary revisions in the current provider contracts (See S-1.A)	2003
	♦ Identify options to support families	2003-2005
	• Improve families ability to support children with psycho/social needs through Medicaid Treatment Child Care	
	▪ Evaluate use of IFPS, and FPS services and identify ways to support the safety of children in their own homes	
	▪ Outstation Children's Administration staff (ex: schools)	
	♦ Develop automated system to document and measure unpaid services provided to CPS families, such as services for each finding type (See O-4.B)	2007-2009

## Child Safety

### Strategic Outcome S-2 continued

Objective	Measured by
B Improve safety when returning children to their homes	<div data-bbox="711 394 920 464" data-label="Text"> <p>Strategic Focus 2003-2005</p> </div> <ul style="list-style-type: none"> <li>Percent of children who are placed due to abuse or neglect and must be placed again</li> <li><u>Current risk of harm to child</u> (Federal Case Review)</li> <li>Percent of children who have a reunification assessment and plan before return to parent (future)</li> </ul>

#### Strategies:

- |  |           |
|--|-----------|
| <ul style="list-style-type: none"> <li>◆ Improve the assessment of risk when returning children to their homes (See Kids Come First Action Agenda)               <ul style="list-style-type: none"> <li>■ Improve decision-making about when to reunify by implementing Phase II assessment tools of Reunification Assessment and Transition &amp; Safety Plan (Reunification Plan)</li> <li>■ Implement higher-level review of return home decisions for dependent children by using current staffings more effectively                   <ul style="list-style-type: none"> <li>• Develop advanced training curriculum for supervisors including their role in encouraging critical decision-making (See O-8.A)</li> <li>• Modify requirements for supervisory review of cases to include review of decisions and critical decision-making</li> <li>• Examine ways to restructure staffings to enhance critical thinking and support critical decision-making, such as the use of devil's advocate role for all staffings</li> </ul> </li> </ul> </li> </ul> | 2003-2005 |
| <ul style="list-style-type: none"> <li>◆ Conduct on-going regional training about issues identified in reviews and develop correction plans for region, units, or individuals when needed to address findings from reviews (See Kids Come First Action Agenda)               <ul style="list-style-type: none"> <li>■ Fatality reviews</li> <li>■ Incident reports</li> <li>■ Peer case record reviews</li> </ul> </li> </ul>  | 2003-2005 |
| <ul style="list-style-type: none"> <li>◆ Implement recommendations from the JLARC audit of the DCFS caseload and staffing request (See S-1.B, C, WB-1.A and O-7.A)</li> </ul>  | 2003-2005 |
| <ul style="list-style-type: none"> <li>◆ Collaborate with community to develop one-stop shopping family support centers (See O-1.C)</li> </ul>   | 2007-2009 |

## ***Child & Family Well-Being***

**GOAL:** *Help families and communities improve the well-being of children in their own homes and in out-of-home care.*

**Strategic Outcome WB-1:** Families will have enhanced capacity to provide for their children's needs.

<u>Objective</u>	<u>Measured by</u>
A Increase <u>worker visits with child</u>	<ul style="list-style-type: none"> <li>• Federal Case Review</li> <li>• Percent of children in DCFS placement who are visited by their social worker in the caregiver's home according to policy</li> <li>• Percent of children in DCFS placement who are visited by their social worker in any location (future)</li> <li>• Percent of children with in-home dependencies who are visited by their social worker according to policy (future)</li> </ul>

**Strategies:**

♦ Social workers will visit with children in caregiver's home once every 90 days	2003
♦ Develop policy to increase contact with children in care <ul style="list-style-type: none"> <li>▪ Increase visits to once every 60 days in the caregiver's home</li> <li>▪ Increase social worker visits with children in any location to once every 30 days (CFSR and Accreditation)               <ul style="list-style-type: none"> <li>• Implement recommendations from the JLARC audit of the DCFS caseload and staffing request (See S-1.B, C, S-2.B, O-7.A)</li> </ul> </li> </ul>	2003-2005
♦ Explore increasing social worker visits with all children in any location to twice every 30 days, if staffing levels increase accordingly	2009

<u>Objective</u>	<u>Measured by</u>
B Increase <u>worker visits with parents</u>	<ul style="list-style-type: none"> <li>• Federal Case Review</li> <li>• Percent of parents visited by their social worker (future)</li> </ul>

**Strategies:**

♦ Increase social worker visits with parents to once every 30 days (CFSR)	2004
---	------

## ***Child & Family Well-Being***

### **Strategic Outcome WB-1 continued**

<u>Objective</u>	<u>Measured by</u>
C <u>Involve family, child, and foster family in case planning</u>	<ul style="list-style-type: none"> <li>Federal Case Review</li> <li>Percent of children with Kidscreen completed (future)</li> <li>Percent of children in care with a current comprehensive plan of care (I SSP) (future)</li> </ul>

**Strategies:**

♦ Promote a culture that embraces a collaboration between foster families and social workers (See FC Improvement Plan) (See O-2.D)	2003-2005
▪ Develop strategies for consistency in including foster parents and relative caregivers in case staffings, educational planning, and medical management of the children they care for	
♦ Develop strategies to include biological parents in case staffings, educational planning, and medical management of their children	2003-2005
♦ Develop strategies to include older children in case staffings, educational planning, and medical management of their lives	2003-2005

<u>Objective</u>	<u>Measured by</u>
D <u>Respond to needs of child, family, and foster parent</u>	<ul style="list-style-type: none"> <li>Federal Case Review</li> </ul>

**Strategies:**

♦ Evaluate use of Family Preservation Services and identify ways to use it to strengthen bio families	2003
♦ Improve the assessment of risk when returning children to their homes (See Kids Come First Action Agenda)	2003-2005
▪ Increase supports for foster care (See FC Improvement Plan)	

## ***Child & Family Well-Being***

**Strategic Outcome WB-2: Children in placement will have educational and developmental achievements appropriate to their abilities.**

<u>Objective</u>	<u>Strategic Focus</u>	<u>Measured by</u>
A Children in placement are supported in age-appropriate educational and developmental programs.	2003-2005	<ul style="list-style-type: none"> <li>Percent of children who leave out of home placement on or after their 18<sup>th</sup> birthday either holding a high school diploma, GED, or are enrolled in an educational or vocational program</li> <li>Percent of eligible youth age 16 and over in out of home placement receiving Independent Living Services</li> <li>Percent of children ≤ 12 years old at time of most recent entry placed in group care</li> </ul>

### **Strategies:**

♦ Improve the educational outcomes for children in foster care (See Kids Come First Action Agenda)	2003-2005
<ul style="list-style-type: none"> <li>Improve tracking of education status               <ul style="list-style-type: none"> <li>Children with Passports</li> <li>Children without Passports</li> </ul> </li> <li>Develop training to support child's education               <ul style="list-style-type: none"> <li>Train social workers on responsibilities to monitor educational status and advocate for legal rights of children in foster care</li> <li>Train foster parents on responsibilities and advocacy for child's education</li> </ul> </li> <li>Collaborate with SPI and community partners (See O-1.C)</li> <li>Work with schools to develop liaison from each school to know and work specifically with children in foster care</li> </ul>	2007
♦ Implement standardized educational, health, and mental health assessments of children in out-of-home care (Kids Come First Action Agenda)	2003-2005
<ul style="list-style-type: none"> <li>Fully implement Kidscreen (Kids Come First Action Agenda)</li> <li>Develop plan with SPI for completing educational assessments of children in foster care to adequately address their needs (ILS)</li> </ul>	2007
♦ Improve transition services for youth emancipating from foster care	2003-2005
<ul style="list-style-type: none"> <li>Implement ILS for youth formerly in foster care, age 18-21</li> <li>Increase access to higher education and vocational opportunities for youth emancipating from the foster care system (ILS Plan)               <ul style="list-style-type: none"> <li>Develop booklet identifying scholarship opportunities specific to foster care, e.g. Governor's Scholarship Fund</li> <li>Develop booklet explaining other transition options following foster care</li> <li>Work with SPI to increase vocational preparation options</li> </ul> </li> <li>Improve transition to services provided by DDD, MHD, AASA, and Title XIX</li> </ul>	
♦ Develop ILS services for youth age 13-15 who are likely to remain in foster care until age 18, focusing on school stability and achievement	2003-2005
♦ Improve educational and developmental services to preschool children	
<ul style="list-style-type: none"> <li>Identify steps to increase referrals of children ages 0-6 to early childhood programs</li> <li>Identify steps to increase enrollment of children ages 0-6 in early childhood programs</li> </ul>	2003
	2003-2005

## ***Child & Family Well-Being***

### **Strategic Outcome WB-2 continued**

<u>Objective</u>	<u>Measured by</u>
B <u>Minimize school moves for children in foster care</u>	<ul style="list-style-type: none"> <li>Federal Case Review</li> <li>Number of school moves (future)</li> </ul>
<b>Strategies:</b>	
<ul style="list-style-type: none"> <li>◆ Improve educational outcomes for children in foster care (See Kids Come First Action Agenda)               <ul style="list-style-type: none"> <li>▪ Implement SB 6709 to develop protocols and procedures for maintaining children in their school of origin when they are placed in care (see O-1.C)</li> <li>▪ Collaborate with SPI , foster parents, volunteers, and community partners to maintain children in same school whenever possible (see O-1.C)</li> <li>▪ Develop strategies to increase school stability and decrease loss of credits due to school moves</li> </ul> </li> </ul>	2003-2007
<ul style="list-style-type: none"> <li>◆ Clarify the education-related information that can be shared between Children's Administration, schools, and other agencies</li> </ul>	2003

## ***Child & Family Well-Being***

**Strategic Outcome WB-3: Children in placement will receive adequate services to meet their needs.**

<u>Objective</u>	<u>Measured by</u>
A <u>Physical health needs are met</u>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">Strategic Focus 2003-2005</div> <ul style="list-style-type: none"> <li>• Federal Case Review</li> <li>• Passports in place for children in care over 90 days (future)</li> <li>• Number of children in care 30 days or longer receiving annual EPSDT exam (future)</li> </ul>

**Strategies:**

- |  |  |
|--|--|
| ♦ Implement standardized education, health, and mental health assessments of children in out-of-home care (See Kids Come First Action Agenda)  | 2003-2007                              |
| ▪ Fully implement Kidscreen <ul style="list-style-type: none"> <li>• Provide staff training</li> <li>• Conduct focused case review</li> <li>• Provide monthly management reports to ensure children are screened</li> <li>• Involve bio parents in well-child/EPSDT exams and provide opportunities for participation in their children's health care</li> <li>• Include plan to meet child's needs in I SSP and Passport</li> <li>• Improve health records for non-Passport kids</li> </ul> | 2003                                   |
| ▪ Collaborate with Medical Assistance Administration to obtain needed health care for all children in out-of-home care (See O-1.C) <ul style="list-style-type: none"> <li>• Obtain annual EPSDT exam for all children in care</li> <li>• Track annual EPSDT exam for all children in care</li> <li>• Obtain dental services for children in care</li> <li>• Develop method in CAMI S to document when we are unable to obtain dental care for children (See O-4.B)</li> </ul>                | 2007<br>2003-2007<br>2003-2005<br>2007 |

## ***Child & Family Well-Being***

### **Strategic Outcome WB-3 continued**

<u>Objective</u>	<u>Strategic Focus</u> 2003-2005	<u>Measured by</u>
B <u>Mental health needs are met</u>		• Federal Case Review
<b>Strategies:</b>		
♦ Implement standardized education, health, and mental health assessments of children in out-of-home care (See Kids Come First Action Agenda)		2003-2005
▪ Fully implement <i>Kidscreen</i>		
▪ Train social workers to clearly document current mental health status of children and to relate this to parental behaviors		
♦ Enhance coordination with MHD for services to children with mental health needs (See CA-MHD Plan) (See O-1.C)		2003-2005
▪ Develop statewide and local initiatives and protocols with RSN's		
♦ Participate in establishing demonstration sites for a statewide children's system of care (ESHB2574a) (See O-1.C)		2003-2005
♦ Develop specialized placement services for hard to place children		2003-2007
▪ Participate in DSHS Select Committee for adolescents in need of long term placement (See O-1.C)		
▪ Implement recommendations of DSHS Select Committee on hard to place children		
▪ Develop professional foster homes with specialized training and compensation to serve emotionally disturbed children (See O-8.B)		2007
▪ Explore collaborative treatment options between providers and the administration to meet the needs of sexually aggressive youth		
♦ Improve mental health services and availability		2005-2009
▪ Explore private practitioners accepting medical coupons		
▪ Explore specific contracts for mental health agencies to provide support services to children, foster parents, and families		
▪ Seek alternative funding options for mental health services to youth		
▪ Explore options for creating specific certification requirements for mental health professionals in treating children and parents impacted by child abuse and neglect		
▪ Develop pilots for out stationed MH consultants in local offices		



## Child & Family Well-Being

### Strategic Outcome WB-3 continued

	<u>Objective</u>	Strategic Focus 2003-2005	<u>Measured by</u>
C	Social and emotional needs are met		<ul style="list-style-type: none"> <li>Satisfaction of youth in foster care</li> <li>Percentage of youth who avoid involvement with high risk behavior (future)</li> <li>Percentage of youth who obtain essential documents (future)</li> </ul>

#### Strategies:

♦	Complete follow-up steps to <i>2001 Normalcy Guide for Foster Parents</i> : <ul style="list-style-type: none"> <li>Finalize licensing requirements WACs to allow an overnight visit without a background check on friend's family</li> <li>Develop booklet explaining to foster parents and youth when background checks are required; clarify background check requirement with family members</li> <li>Purchase graduation items for graduating seniors (caps, gowns, yearbooks, senior pictures)</li> <li>Provide list of can and can't do's for children in foster care – posted on AG website</li> </ul>	2003-2005
♦	Provide ongoing training to foster parents and social workers about increasing normal experiences for children in foster care <ul style="list-style-type: none"> <li>Training on how to facilitate background checks for child visitation</li> <li>Training on clothing and personal purchases for children in care</li> <li>Training on choices of children in foster care regarding attendance at religious services</li> </ul>	2003-2005
♦	Increase child and adolescent input into plan <ul style="list-style-type: none"> <li>Conduct periodic focus groups with youth in foster care</li> </ul>	2003-2005
♦	Explore increased funding for clothing purchases	
	<ul style="list-style-type: none"> <li>Develop budget request to increase clothing allowance</li> </ul>	2003-2005
	<ul style="list-style-type: none"> <li>Develop fundraisers to purchase prom dresses, sport uniforms, etc</li> </ul>	2003-2005
♦	Modify the ILS curriculum to support youth in avoiding involvement with high-risk behavior. (See ILS Plan) <ul style="list-style-type: none"> <li>Help youth obtain treatment for substance abuse</li> <li>Avoid criminal activities</li> <li>Avoid teenage pregnancy</li> </ul>	2003-2005
♦	Complete <i>Foster Youth Transition Study</i> and implement recommendations (See O-6.A)	2003
♦	Improve ILS services to youth in foster care (See ILS Plan)	
	<ul style="list-style-type: none"> <li>Provide youth with completed ILS checklist prior to exiting care so they can obtain essential documents</li> </ul>	2003
	<ul style="list-style-type: none"> <li>Explore developing policy regarding clothing purchases for older children in foster care</li> </ul>	2003
	<ul style="list-style-type: none"> <li>Develop youth advisory boards in each region to promote youth voice in the development of policy and programs for older youth in out-of-home care</li> </ul>	2003
	<ul style="list-style-type: none"> <li>Develop project to provide employment opportunities for youth in foster care (See O-1.A)</li> </ul>	2003
	<ul style="list-style-type: none"> <li>Create a fund to help children transition from foster care and to serve youth formerly in foster care</li> </ul>	2005
	<ul style="list-style-type: none"> <li>Provide a structure where appropriate for older children in foster care to mentor younger children in foster care</li> </ul>	2007

## ***Child & Family Well-Being***

### **Strategic Outcome WB-3 continued**

<u>Objective</u>	<u>Measured by</u>
D Cultural needs of children are met	<ul style="list-style-type: none"> <li>• Number of Tribes supported by Children's Administration (future)</li> <li>• <u>Percent of children in foster care placed with extended family members</u> (Federal case review) (See P-2)</li> </ul>

#### **Strategies:**

◆ Clarify choices of children in foster care regarding attendance at religious services	2003
◆ Place children close to family/extended family (See P-2.A, B)	2003
◆ Implement statewide and regional diversity workplans	2003-2005
◆ Explore use of cultural assessments (ex: mental health uses one)	2005
◆ Focus on cultural connections made by foster parents with family	2005

## ***Permanency***

**GOAL: *Provide stable, nurturing, and permanent placements as quickly as possible for children who are placed into out-of-home care.***

**Strategic Outcome P-1: Children will have permanency and stability in their living situations.**

<u>Objective</u>	<u>Measured by</u>
A Increase permanency for children in out-of-home care	<ul style="list-style-type: none"> <li>Number of children whose permanent plans are accomplished for adoption, reunification, guardianship, and other</li> </ul>

**Strategies:**

<ul style="list-style-type: none"> <li>◆ Target services to support and increase successful adoptions               <ul style="list-style-type: none"> <li>▪ Increase adoptions by increasing the number of children registered with Washington Adoption Resource Exchange</li> <li>▪ Implement Family Home Study for relative and foster parent adoption</li> <li>▪ Determine need for increases in staff to process adoption support applications</li> </ul> </li> </ul>	2003-2005
<ul style="list-style-type: none"> <li>◆ Explore approaches to increase successful reunifications               <ul style="list-style-type: none"> <li>▪ Improve treatment services for families</li> <li>▪ Increase birth family/foster family partnerships</li> <li>▪ Increase family group conferencing and mediation</li> <li>▪ Develop new models to address substance abuse by parents                   <ul style="list-style-type: none"> <li>• Consider SOS Child Village Model in Florida and Ohio, with housing and respite providers</li> </ul> </li> </ul> </li> </ul>	2003-2007
<ul style="list-style-type: none"> <li>◆ Target services to support dependency guardianship, long-term foster care with relatives and foster parents, third-party custody, and independent living               <ul style="list-style-type: none"> <li>▪ Develop policy clarifying appropriate situations to pursue each type of permanent plan</li> <li>▪ Develop policy clarifying minimum agency services to be provided for each type of permanent plan</li> <li>▪ Educate caretakers and birth parents on their roles in making choices regarding permanent plans for children</li> <li>▪ Develop supportive tools such as written long-term foster care agreement content</li> <li>▪ Develop method to track each type of plan completion in CAMI S (long-term foster care with relatives and foster parents, third-party custody, and independent living)</li> <li>▪ Target services toward completing permanency for adolescents</li> </ul> </li> </ul>	2003-2007
<ul style="list-style-type: none"> <li>◆ Engage the community in supporting families and in improving the foster care system to improve permanency (See Kids Come First Action Agenda) (See O-1.A)               <ul style="list-style-type: none"> <li>▪ Support the activities of the Washington Permanency Summit                   <ul style="list-style-type: none"> <li>• Early identification of relatives</li> <li>• Substance abuse treatment for birth parents on demand</li> <li>• Reducing the disproportionality of Native American and African American children in the foster care system</li> </ul> </li> </ul> </li> </ul>	2003-2005
<ul style="list-style-type: none"> <li>◆ Reduce barriers to permanency for I CPC placements               <ul style="list-style-type: none"> <li>▪ Increase out-of-state support, such as border agreement with OR</li> <li>▪ Expedite and make in-state process more user friendly</li> </ul> </li> </ul>	2004

## Permanency

### Strategic Outcome P-1 continued

<u>Objective</u>	Strategic Focus 2003-2005	<u>Measured by</u>
B <u>Increase stability</u> of children in out-of-home care		<ul style="list-style-type: none"> <li>• <u>Percent of children during first 12 months in care with no more than 2 placements</u> (Federal data)</li> <li>• Percent of children with more than two placements by length of stay and number of placements per year in care. (future)</li> <li>• Percent of children in care more than 2 years with no moves during last year in care or reduction in moves of 2 or more.</li> <li>• Number of licensed foster homes (See O-2.D)</li> </ul>

#### Strategies:

♦ Provide more stable placements for children in foster care (See Kids Come First Action Agenda)	2003-2007
<ul style="list-style-type: none"> <li>▪ Oversee and implement Foster Care Improvement Plan (See FC Improvement Plan) (See O-2.D)               <ul style="list-style-type: none"> <li>• Promote a culture that embraces a collaboration between foster families and social workers</li> <li>• Increase supports for foster care</li> <li>• Increase foster home retention, recruitment, training, supervision, and diversity</li> </ul> </li> </ul>	2003-2005
▪ Increase kinship placements (See P-2.A)	2003-2005
<ul style="list-style-type: none"> <li>▪ Increase diligent relative searches</li> <li>▪ Expand resources and develop new permanent planning options for hard-to-place and troubled children               <ul style="list-style-type: none"> <li>• Develop foster families as permanency planning resources</li> <li>• Increase supports to foster parents</li> <li>• Cultivate career foster parents - initiate a feasibility study to move from foster parents as volunteers to professionals</li> <li>• Establish permanency wrap-around teams for children in care more than a year who are not in a home where they can remain until age 18</li> </ul> </li> </ul>	2005-2007
♦ Establish statewide workgroup to review case records with multiple placements and identify specific strategies to address issues.	2003-2004
<ul style="list-style-type: none"> <li>▪ Focus on children with longest time in care and most placements</li> <li>▪ Implement recommendations</li> <li>♦ Pilot approaches to increase stability identified by youth in foster care               <ul style="list-style-type: none"> <li>▪ Arrange meeting between children and prospective foster parents before placement to go over the rules of the house</li> <li>▪ Listen to kids in determining important qualities for matching children with appropriate placements</li> <li>▪ Place siblings together, and when impossible, explain reasons to children and facilitate frequent visitation (See P-2.B)</li> </ul> </li> </ul>	2003-2005
♦ Pilot approaches to maintain existing foster placements	2003-2007
<ul style="list-style-type: none"> <li>▪ Pilot Stabilization Teams</li> <li>▪ Develop strategies to increase school stability, which supports placement stability</li> <li>▪ Conduct research study of children who have multiple placements and implement recommendations (See P-1.B)</li> </ul>	2005
	2007

## Permanency

### Strategic Outcome P-1 continued

	<u>Objective</u>		<u>Measured by</u>
C	<u>Decrease length of stay without increasing re-entry</u>	Strategic Focus 2003-2005	<ul style="list-style-type: none"> <li>• Number of children in care longer than 2 years who do not have a completed permanent plan</li> <li>• <u>Length of time to achieve permanency goal of reunification</u> (Federal data)</li> <li>• <u>Length of time to achieve permanency goal of adoption</u> (Federal data)</li> <li>• <u>Percent re-entered care after reunification within 12 months of prior episode</u> (Federal data)</li> </ul>

#### Strategies:

- |   |           |
|---|-----------|
| ♦ Complete research and recommendations to improve policy and practice for children who re-enter care after reunification with their families (See O-6.A) | 2003-2005 |
| ▪ Evaluate characteristics of children and families   |           |
| ▪ Integrate recommendations with policy and practice changes  |           |
| ♦ Explore increased funding for supervised visits to support reunification  | 2003-2005 |
| ♦ Implement unified home study for foster and relative care and adoption  | 2003-2005 |
| ♦ Implement adoptive parent satisfaction surveys  | 2005      |
| ♦ Improve post-adoptive support services for special needs children to reduce adoption displacement   | 2005      |
| ♦ Develop practical model to increase support to birth families after reunification   | 2005      |
| ♦ Implement methods to reduce time from TPR to adoption finalization (ex: Concurrent planning, work with AAG's)   | 2005      |

	<u>Objective</u>	<u>Measured by</u>
D	Decrease over-representation of minority children in care	<ul style="list-style-type: none"> <li>• Number of African American children in care longer than 2 years who are not in their permanent home</li> <li>• Number of minority children, ages birth through 3 years, who have been legally free for more than one year with no permanent plan completed</li> </ul>

#### Strategies:

- |   |           |
|---|-----------|
| ♦ Increase placement of children of color in kinship care   | 2003-2005 |
| ♦ Engage the community in supporting families and in improving the foster care system to improve permanency (See Kids Come First Action Agenda) (See O-1.A) | 2003-2005 |
| ▪ Support the activities of the Washington Permanency Summit  |           |
| • Early identification of relatives   |           |
| • Substance abuse treatment for birth parents on demand   |           |
| • Reducing the disproportionality of Native American and African American children in the foster care system  |           |
| ♦ Implement requirement that new policy development include an analysis of the impact on children of color  | 2003      |

## *Permanency*

### Strategic Outcome P-2: The continuity of family relationships and connections will be preserved for children.

- | <u>Objective</u>               | <u>Measured by</u>  |
|--------------------------------|---|
| A Increase relative placements | <ul style="list-style-type: none"> <li>Percent of <u>children in foster care placed with extended family members</u> (Federal case review)</li> </ul> |

**Strategies:**

◆ Collaborate with Economic Services Administration to investigate options to enhance support for relative caregivers (SHB1397) (See O-1.C)	2003-2005
◆ Develop new supports for kinship care placements with certification and financial supports outside the licensing system	2003-2005
◆ Increase emphasis on relative search for all children in placement	2003-2005
◆ Examine policies for consistency with Accreditation relative and kinship standards <ul style="list-style-type: none"> <li>▪ Develop and implement plan to meet standards</li> </ul>	2003-2005
◆ Recognize and collaborate with community groups representing relatives	2003-2005
◆ CAMI S enhancements to track long-term foster agreements with relatives (See O-4.B)	2003-2005

- | <u>Objective</u>  | <u>Measured by</u>   |
|---|--|
| B Preserve connections with parents, siblings, and other significant people | <ul style="list-style-type: none"> <li>Open placement cases on last day of quarter where <u>child was visited by parents</u> or permanent caretakers at least once within the last 30 days (Federal case review)</li> <li><u>Current relationship of child in care with parents</u> (Federal case review)</li> <li><u>Place children in proximity to parents</u> (Federal case review)</li> <li><u>Visits with siblings</u> (Federal case review)</li> <li><u>Placement with siblings</u> (Federal case review)</li> </ul> |

**Strategies:**

◆ Focus on increasing contact between children in foster care and their siblings (See P-1.B, P-1.C)	2003
◆ Focus on increasing contact between children in foster care and their parents <ul style="list-style-type: none"> <li>▪ Explore increased funding for supervised parent/child visits</li> <li>▪ Consider less structured family visits for older children in foster care (less protection because they need to see their parents as they really are)</li> </ul>	2003-2004
◆ Focus on increasing contact between children in foster care and their extended family members and/or other significant relationships (See P-1.B)	2004
◆ Focus on increasing contact of children in foster care with their fathers, and, if not possible, with mentors of a different gender than primary parent or single foster parent	2005

## ***Supporting Client Outcomes***

**GOAL: *Continuously improve the organization's capacity to achieve better outcomes for children and families.***

**Strategic Outcome O-1: Children's Administration partners with and is responsive to Tribes, consumers, communities and public and private agencies to serve children and families.**

<u>Objective</u>	Strategic Focus 2003-2005	<u>Measured by</u>
A <u>On-going partnership, communication and consultation with Tribes, consumers, service providers, out-of-home care providers, juvenile court, other public and private agencies, and include their concerns</u>	Strategic Focus 2003-2005	<ul style="list-style-type: none"> <li>• Federal Case Review</li> <li>• Number of cases staffed with community Child Protection Teams (See S-1.B)</li> <li>• Number of good news stories and weekly report items submitted</li> <li>• Number of customer, stakeholder, foster parent satisfaction surveys returned (future)</li> </ul>
<b>Strategies:</b>		
<ul style="list-style-type: none"> <li>◆ Provide open and frequent communication to the public, service providers, community partners and the media (See Kids Come First Action Agenda)               <ul style="list-style-type: none"> <li>▪ Enhance use of Internet to promote positive image and support</li> <li>▪ Strengthen public understanding of child abuse and neglect and reporting child maltreatment</li> <li>▪ Implement communication priorities</li> <li>▪ Develop coordinated communications plan with DSHS</li> </ul> </li> <li>◆ Develop communication strategies re project to provide employment opportunities for older youth in foster care (See WB-3.C)</li> </ul>	2003-2005	
<ul style="list-style-type: none"> <li>◆ Improve the use of child protective teams (See Kids Come First Action Agenda) (See S-1.B and O-8.B)</li> </ul>	2003-2005	
<ul style="list-style-type: none"> <li>◆ Engage the community in supporting families and in improving the foster care system (See Kids Come First Action Agenda and FC Improvement Plan) (See P-1)               <ul style="list-style-type: none"> <li>▪ Partner with Casey Family Programs and Families for Kids to implement system improvements (Recruitment and Retention Plan and Permanency Priorities)</li> </ul> </li> </ul>	2003-2005	
<ul style="list-style-type: none"> <li>◆ Enhance partnerships with community organizations to achieve better outcomes for children (See Kids Come First Action Agenda and FC Improvement Plan) (See O-1.C and O-2.D)</li> </ul>	2003-2005	
<ul style="list-style-type: none"> <li>◆ Develop youth advisory boards in each region to promote youth voice in the development of policy and programs for older youth in out-of-home care</li> </ul>	2003-2005	
<ul style="list-style-type: none"> <li>◆ Develop and implement customer, stakeholder and foster parent satisfaction surveys</li> </ul>	2003-2007	
<ul style="list-style-type: none"> <li>◆ Improve consultation and decision sharing with federal, non-federal Tribes, and off-reservation Indian organizations</li> </ul>	2003-2009	
<ul style="list-style-type: none"> <li>◆ Implement certification for Tribes to do licensing standards on Tribal lands</li> </ul>	2003-2009	
<ul style="list-style-type: none"> <li>◆ Customer Service culture change:               <ul style="list-style-type: none"> <li>▪ Add to performance appraisal and reward employees who do well</li> <li>▪ Spot visits</li> <li>▪ Consumer involvement in hiring committees</li> </ul> </li> </ul>	2003-2009	

### Strategic Outcome O-1 continued

- |   | <u>Objective</u>  |   | <u>Measured by</u> |
|---|---|---|--------------------|
| C | <u>Coordinate service provision with other federal or federally-assisted programs</u> | <div style="border: 1px solid black; padding: 5px; display: inline-block;">Strategic Focus<br/>2003-2005</div> <ul style="list-style-type: none"> <li>• Federal Case Review</li> <li>• Number of start-up <i>No Wrong Door</i> projects in which CA participates</li> </ul> |                    |

◆ Enhance partnerships with community organizations to achieve better outcomes for children (See Kids Come First Action Agenda)	2003-2007
<ul style="list-style-type: none"> <li>▪ DSHS Management collaboration to develop improved access and better treatment services for substance abuse and mental health issues for children in foster care and their families (See S-2.A)</li> <li>▪ Participate in DSHS select committee for adolescents in need of long term placement (See WB-3.B)</li> <li>▪ Continue Pierce County pilot collaboration within DSHS</li> <li>▪ Enhance coordination with the Mental Health Division for services to children with mental health needs (See WB-3.B)</li> </ul>	
◆ Participate in establishing demonstration sites for a statewide children's system of care (ESHB2574a) (See WB-3.B)	2003-2005
◆ Work with Division of Child Support on conflicting requirements and access to information	2003-2005
◆ Implement statewide and regional diversity work plans regarding community involvement	2003-2005
◆ Implement <i>No Wrong Door</i> service integration start-up projects around the state (See S-2.B)	2003-2007
◆ Collaborate with Medical Assistance Administration to increase services (see WB-3.A)	2003-2007
<ul style="list-style-type: none"> <li>▪ Track annual EPSDT exams for all children in care</li> <li>▪ Obtain dental services for children in care</li> <li>▪ Evaluate additional CAMI S enhancements (See O-4.B)</li> </ul>	2003-2005 2007 2007
◆ Improve educational outcomes for children in foster care (See Kids Come First Action Agenda) (see WB-2.A, B)	2003-2007
<ul style="list-style-type: none"> <li>▪ Collaborate with SPI and partners to improve educational outcomes for children in care</li> <li>▪ Implement SB 6709 to develop protocols and procedures for maintaining children in their school of origin when they are placed in care</li> </ul>	
◆ Work within DSHS to integrate services for children in accordance with the intent of the Olmstead decision	2003-2007
◆ Collaborate with Economic Services Administration to investigate options to enhance support for relative caregivers (SHB1397) (See P-2.A)	2003-2005
◆ Collaborate with community to develop one-stop shopping family support centers (See S-2.B)	2007-2009



## ***Supporting Client Outcomes***

**Strategic Outcome O-2: Adequate quality resources are available for foster care, behavior rehabilitation services and adoption.**

<u>Objective</u>	<u>Measured by</u>
A <u>Standards for foster homes and residential facilities are reasonably in accord with recommended national standards</u>	<ul style="list-style-type: none"> <li>Federal Case Review</li> </ul>
B <u>Standards are applied to all licensed foster family homes or residential facilities receiving title IV-E or IV-B funds</u>	<ul style="list-style-type: none"> <li>Federal Case Review</li> </ul>
C <u>Criminal background clearances requirements are met as related to licensing or approving foster care, relative care and adoptive placements, and case planning process addresses safety</u>	<ul style="list-style-type: none"> <li>Federal Case Review</li> </ul>

**Strategies:**

♦ Reduce time to process OFCL criminal history checks	2003-2005
♦ Reduce time to process criminal history checks for relatives and adoptive parents	2003-2005

## Supporting Client Outcomes

### Strategic Outcome O-2 continued

Objective	Measured by
D <u>Recruitment and retention efforts result in adequate numbers, locations, capacity, and ethnic and racial diversity of placement resources</u>	<div>Strategic Focus 2003-2005</div> <ul style="list-style-type: none"> <li>Federal Case Review</li> <li>Number of licensed foster homes (See P-1.B)</li> <li>Number of minority homes available</li> <li>Percent of licensing applications which are pending more than 90 days</li> <li>Improved foster parent satisfaction</li> </ul>

#### Strategies:

◆ Provide children in out-of-home care with safe and stable homes (See Kids Come First Action Agenda) (See S-1.C)	2003-2005
<ul style="list-style-type: none"> <li>Oversee and implement Foster Care Improvement Plan (See FC Improvement Plan) (See S-1.C) <ul style="list-style-type: none"> <li>Promote a culture that embraces a collaboration between foster families and social workers</li> <li>Increase foster home retention, recruitment and diversity</li> <li>Enhance community partnerships and outreach</li> <li>Increase supports for foster care</li> </ul> </li> </ul>	
◆ Engage the community in supporting families and in improving the foster care system (See Kids Come First Action Agenda)	2003-2005
◆ Complete next steps to <i>2001 Normalcy Guide for Foster Parents</i>	2003
<ul style="list-style-type: none"> <li>Revise licensing requirements WAC's to normalize family life in foster care (Ex: child in care spend night with friends without family background check) (See WB-3.C)</li> </ul>	
◆ Develop guidelines for potential conflict of interest in out-of-home care	2003-2005
◆ Administer Foster Care Passport Program customer satisfaction survey	2003-2005
◆ Ensure appropriate DLR staffing levels (see O-7.A)	2003-2007
<ul style="list-style-type: none"> <li>Evaluate need for DLR staffing based on workload study</li> <li>Request funding for DLR caseload reductions if appropriate</li> <li>Complete CPS investigations in foster homes within 30 days</li> </ul>	2004 2005 2007
◆ Institutionalize foster parent satisfaction surveys	2003-2005
◆ Continue to improve foster parent training	2003-2005
◆ Standardize practice of providing grief and loss counseling for foster parents when appropriate	2007

E <u>Cross-jurisdictional resources are used to facilitate timely adoptive or permanent placements for waiting children</u>	<ul style="list-style-type: none"> <li>Federal Case Review</li> </ul>
---	---

## *Supporting Client Outcomes*

### Strategic Outcome O-3: Service array ensures appropriateness, quality, accessibility and flexibility.

<u>Objective</u>	<u>Measured by</u>
A <u>Services are appropriate</u>	<ul style="list-style-type: none"> <li>• <u>Assesses the strengths and needs of children and families</u> (Federal Case Review)</li> <li>• <u>Determines other service needs</u> (Federal Case Review)</li> <li>• <u>Are family centered and assesses family needs</u> (Federal Case Review)</li> <li>• <u>Enables children to remain in home when reasonable</u> (Federal Case Review)</li> <li>• <u>Helps foster and adoptive children achieve permanency</u> (Federal Case Review)</li> </ul>

#### Strategies:

♦ Improve matching services to client needs	2003-2005
▪ CAMI S ability to track unpaid services (See O-4.B)	2003
▪ Evaluate characteristics of children and families with repeat referrals (See S-1.A)	2003-2005
▪ Implement recommendations for contracting and practice improvements and CPS/CWS service planning (See S-1.A)	2003-2005
♦ Increase service efficiencies (See O-7.A)	2003-2005
▪ Improve SSPS payment accuracy	
♦ Oversee <i>Kidscreen</i> implementation and development of plan and include in I SSP to meet child's needs (See Kids Come First Action Agenda) (See WB-2, WB-3, O-6.A)	2003-2005
♦ Implement statewide and regional diversity work plans regarding client services and contracting	2003-2005
♦ Increase employee involvement and teamwork to continuously improve service to children and families	2003-2009

B <u>Services are accessible statewide</u>	• Federal Case Review
C <u>Services can be individualized to meet unique needs</u>	• Federal Case Review

## Supporting Client Outcomes

### Strategic Outcome O-4: Information Technology and Case and Management Information System (CAMIS) has capability to support field and management needs.

<u>Objective</u>	<u>Measured by</u>
A Information system capacity to <u>identify status, demographic characteristics, location and goals for children in foster care</u>	<ul style="list-style-type: none"> <li>Federal Case Review</li> <li>Data Integrity</li> </ul>
<b>Strategies:</b>	
♦ Implement system to prioritize maintenance and improvement of CAMIS, consistent with strategic goals	2003-2005
B Information technology assists workers, supervisors and managers in daily work	<div data-bbox="699 737 924 814" data-label="Text"> <p>Strategic Focus 2003-2005</p> </div> <ul style="list-style-type: none"> <li>IT staff to workstation ratio</li> <li>Field and management satisfaction</li> </ul>
<b>Strategies:</b>	
♦ Implement online CAMIS training as a supplement to classroom training for staff (See O-8.A)	2003-2005
♦ Complete SACWIS certification process	2003-2007
♦ Implement IT strategic work plan	2003-2007
♦ Develop CAMIS enhancements to support safety priorities (See Kids Come First Action Agenda) (See S-1, S-2)	2003-2007
♦ Develop CAMIS enhancements to support well-being priorities (See Kids Come First Action Agenda) (See WB-2, WB-3)	2003-2007
♦ Develop CAMIS enhancements to support permanency priorities (See P-1, P-2)	2003-2007
♦ Phase in GUI	2003-2007
♦ Implement Informational Technology Data Warehouse	2003-2007
♦ Improve use of Internet to communicate with staff and stakeholders	2003-2007
♦ Complete HIPAA compliance for CAMIS	2003-2007
♦ Evaluate additional CAMIS enhancements:	2005-2009
▪ Family Assessment	
▪ Field to distinguish between CPS investigation and CPS service delivery (track unpaid services) (See S-2.A)	
▪ Automated ISSP	
▪ Develop method to document when unable to obtain dental care for children (See WB-3.A)	

## *Supporting Client Outcomes*

Strategic Outcome O-5: Federal requirements for case review system are maintained.

<u>Objective</u>	<u>Measured by</u>
A <u>Assures each child has a written case plan developed jointly with parents</u>	<ul style="list-style-type: none"> <li>Federal Case Review</li> </ul>
B <u>Assures timely court and administrative review</u>	<ul style="list-style-type: none"> <li><u>Administrative review of child's status every 6 months</u> (Federal Case Review)</li> <li><u>Court hearing every 12 months</u> (Federal Case Review)</li> </ul>
C <u>Assures termination of parental rights proceedings in accordance with ASFA</u>	<ul style="list-style-type: none"> <li>Federal Case Review</li> </ul>
D <u>Assures foster and pre-adopt parents and relative caregivers have opportunity to be heard in review or hearing with respect to the child</u>	<ul style="list-style-type: none"> <li>Federal Case Review</li> </ul>

**Strategies:**

◆ Ensure tribal notification and participation in citizen review process	2003-2005
--	-----------

## Supporting Client Outcomes

### Strategic Outcome O-6: Quality assurance system promotes satisfactory outcomes for children and families.

Objective	Strategic Focus 2003-2005	Measured by
A Families and <u>children in care receive quality services that protect safety and health</u>		<ul style="list-style-type: none"> <li>• Federal Case Review</li> <li>• Percent of children with <i>Kidscreen</i> completed (future)</li> <li>• Percent compliance with use of safety assessment and safety plan (future)</li> <li>• Percent compliance with use of reunification assessment before return to parent (future)</li> <li>• Percent compliance with in-home dependency social worker visitation policy (future) (See WB-1.A)</li> <li>• Percent of children in care with a current comprehensive plan of care (I SSP) (future)</li> </ul>

#### Strategies:

♦ Oversee <i>Kidscreen</i> implementation and development of plan to meet child's needs (See Kids Come First Action Agenda) (See WB-2, WB-3)	2003-2005
♦ Improve the assessment of risk for child protective services and when returning children to their homes (See Kids Come First Action Agenda) (See S-2.B)	2003-2005
♦ Prepare for federal Child and Family Services Review	2003-2004
♦ Commit to meeting best practice standards, ex COA, CWLA, Research (See Kids Come First Action Agenda)	2003-2006
▪ Management retreat to develop long-range strategies	2003
▪ Achieve statewide accreditation	2006
♦ Complete research and recommendations to improve policy, practice (See S-1.A)	2003-2007
▪ Evaluate characteristics of children and families with repeat referrals and make recommendations to improve policy and practice	
▪ Complete re-entry study of factors associated with successful and unsuccessful reunification and make recommendations (See P-1.C)	
▪ Complete <i>Foster Youth Transition Study</i> and make recommendations (See WB-3.C)	
♦ Establish a schedule for systematic review of major service delivery programs (standards, infrastructure, operations, manual, WACs), including adoptions, adoption support, licensing, CPS, CWS, FRS, Intake	2003
▪ Review one major program	2003-2005
♦ Conduct research study of children who have multiple placements and implement recommendations (See P-1.B)	2007
♦ Develop method to track outcomes for children in private agency and tribal custody	2007

## *Supporting Client Outcomes*

### Strategic Outcome O-6 continued

- B Quality Assurance system is comprehensive and consistent

- Number of case records reviewed
- Evaluates quality of services (Federal Case Review)
- Identifies strengths and needs of service delivery (Federal Case Review)
- Provides relevant reports (Federal Case Review)
- Evaluates improvement (Federal Case Review)

#### Strategies:

◆ Improve the statewide consistency of child welfare decisions in Washington State (See Kids Come First Action Agenda) (See S-1.A)	2003-2005
▪ Centralize statewide intake	2003
▪ Implement case record review	2003-2005
▪ Develop user-friendly practice standards guide for all program areas	2003-2005
◆ Improve accountability by linking practice data to outcomes (See Kids Come First Action Agenda)	2003-2005
▪ Improve reporting mechanisms statewide	2003-2004
◆ Evaluate for implementation recommendations of Data Integrity Team	2003-2005
◆ Implement recommendations from the documentation (streamline) workgroup to improve SER's	2003-2005
◆ Prepare for Agency Foster Care and Adoption Reporting System (AFCARS) review	2003-2004
◆ Implement recommendations of the near verbatim recording and audio taping pilots	2003-2005
◆ Improve data collection for incidents, accidents and grievances	2003-2005

## Supporting Client Outcomes

### Strategic Outcome O-7: Agency has adequate and efficient structure, staffing and fiscal resources.

Objective	Strategic Focus 2003-2005	Measured by
A Structure, staffing levels and resources support quality service delivery		<ul style="list-style-type: none"> <li>• Average number of open cases carried per social worker at fiscal year end</li> <li>• Number of CPS, CWS, FRS referrals received</li> <li>• Number of CA/N referrals accepted for investigation</li> <li>• Number of DLR cases per worker</li> <li>• Supervisor/employee ratio</li> <li>• Percent of CPS/CWS positions filled (future)</li> <li>• Number of SSI /SSA applications filed</li> <li>• Amount of federal dollars earned (IV-E penetration rate)</li> </ul>

#### Strategies:

◆ Implement statewide central intake call center (See O-6.B)	2003
◆ Modify FRS Program in accordance with budget cuts	2003
◆ Request supplemental budget to cover child support payments shortfall	2003
◆ Improve contract monitoring	2003-2005
▪ Develop program specific risk assessment and monitoring tools	
▪ Implement regional work plans and summaries	
▪ Establish contract monitoring intranet site	
◆ Implement diversity work plans regarding contracting	2003-2005
◆ Improve SSPS payment process (See O-3.A)	2003-2005
▪ Evaluate results of quality improvement team	
◆ Maintain federal SSI /SSA funding	2003-2005
▪ Respond to SSI /SSA lawsuit	2003
▪ Headquarters support regional staff to identify SSI /SSA eligible children and advocate for benefits on their behalf	2003-2005
◆ Increase federal IV-E funding	2003-2005
▪ Stay actively involved in federal discussions re child welfare funding	
▪ Headquarters support regional staff to accurately reflect IV-E eligibility	2004
▪ Refine IV-E penetration rate	2005
▪ Provide QA for IV-E with CAMIS eligibility tool (See O-4.B)	2005
▪ Implement replicable eligibility process	
◆ Apply for IV-E demo waiver for intensive service options (See S-1.A)	2003-2005
◆ Implement recommendations from the JLARC audit of the DCFS caseload and staffing issues (See S-1.B, C, S-2.B and WB-1.A)	2003-2006
▪ Prepare proposal for improved staffing model with costs	
▪ Design and implement new staffing model as appropriate	
▪ Evaluate need for staffing based on improved model	
◆ Seek appropriate DLR staffing levels	2003-2006
▪ Evaluate need for DLR staffing based on workload study	
▪ Request funding for DLR staffing if appropriate	
◆ Use every opportunity to review or re-design service delivery model	2003-2009
▪ Centralized intake function	2003
▪ Review or revise FRS and ARS programs	2003-2005



## *Supporting Client Outcomes*

### Strategic Outcome O-7 continued

- B Agency provides adequate support for a quality working environment

Strategic Focus 2003-2005
------------------------------

- Number of Quality Improvement Teams
- Percent of employees with current performance evaluations
- Number of employees receiving monthly supervisory conference
- Employee satisfaction baseline data
- Number of incidents (future)

#### Strategies:

◆ Implement background checks on Children's Administration employees	2003
▪ Establish employee review committee	
◆ Implement employee satisfaction survey	2003
◆ Convene joint union-management work group to review and streamline various required staffings	2003
◆ Implement a comprehensive internal communication strategy with the Children's Administration (See Kids Come First Action Agenda)	2003-2005
▪ Improve use of Children's Administration Intranet	
▪ Develop multiple methods for communications within the administration	
▪ Provide social workers with enhanced information on community services	
◆ Implement the Reward and Recognition plan	2003-2005
◆ Evaluate for implementation the recommendations from the Staff Retention Team	2003-2005
◆ Implement the Quality Initiative	2005-2009

## Supporting Client Outcomes

### Strategic Outcome O-8: Staff and provider training and development adequately support the goals of the agency.

Objective	Measured by
A <u>Employee development and training supports agency goals and objectives</u>	<div>Strategic Focus 2003-2005</div> <ul style="list-style-type: none"> <li>• <u>Initial training for all staff</u> (Federal Case Review)</li> <li>• <u>On-going training is skills and knowledge based</u> (Federal Case Review)</li> <li>• Percent of new CPS hires who complete academy and first year training requirements (future)</li> </ul>

#### Strategies:

◆ Provide staff training to implement safety, well-being and permanency strategies (See Kids Come First Action Agenda)	2003-2005
◆ Redesign staff training model (See S-1.D)	2003-2005
<ul style="list-style-type: none"> <li>▪ Develop training competencies for CPS, CWS, FRS and DLR</li> <li>▪ Develop options for field and mentoring component</li> <li>▪ Integrate CAMI S training into academy</li> <li>▪ Revise training evaluation component</li> <li>▪ Develop process for certifying academy trainers</li> <li>▪ Develop advanced training curriculum for supervisors (See S-2.B)</li> </ul>	
◆ Implement statewide and regional diversity plans regarding education and training for staff	2003-2005
◆ Implement online CAMI S training as a supplement to classroom training for staff (See O-4.B)	2003-2005
◆ Implement computer based training and conference registration tracking system	2003-2005
◆ Implement Title IV-E training improvement work plan	2003-2005
◆ Develop staff training needs assessment	2003-2005
◆ Provide leadership development opportunities	2003-2009

B <u>Service partners and placement providers are trained to carry out their duties</u>	<div>Strategic Focus 2003-2005</div> <ul style="list-style-type: none"> <li>• <u>Training for foster parents, adoptive parents, and staff of licensed facilities is skills and knowledge based</u> (Federal Case Review)</li> <li>• Percent of foster parents who complete required orientation and training (future)</li> </ul>
---	--

#### Strategies:

◆ Provide <i>Kids Come First</i> training	2003-2005
◆ Provide training and new tools to improve the effectiveness of child protection teams (See Kids Come First Action Agenda) (See S-1.B, O-1.A)	2003-2005
◆ Implement statewide and regional diversity plans regarding education and training for foster parents	2003-2005
◆ Improve foster parent training	2003-2005
◆ Develop professional foster homes with specialized training and compensation (See WB-3.B)	2007

C Diversity of workforce closely reflects diversity of clients	• Percent of minority staff
--	-----------------------------

#### Strategies:

◆ Implement statewide and regional workforce diversity work plans	2003-2005
<ul style="list-style-type: none"> <li>▪ Develop equal employment opportunity work plan</li> <li>▪ Implement interview process that addresses cultural competency</li> </ul>	